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REFERENCES.

Dr. John Watson, President Academy of Medicine; Dr. Stephen Smith, Editor American Medical Times; Dr. John H. Griscom, Physician N. Y. Hospital, &c.; Dr. John W. Greene, Physician Bellevue Hospital; Dr. Geo. A. Peters, Surgeon N. Y. and St. Luke's Hospital; Dr. H. D. Bulkley, Physician New York Hospital, and others.

For directions and particulars, more in detail, see SPECIAL CIRCULAR. S. E. SHUTES, Agent.

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Original Lectures.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM,

DELIVERED AT THE UNIVERSITY MEDICAL COLLEGE.

BY
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LECTURE III.

GENTLEMEN: Each of the senses has a nerve destitute of general sensibility, and a protective apparatus to which nerves of sensibility and movement are distributed. It is not usual to see all these distinct nerves altogether paralysed; they are generally separately affected in one or both sides, and occasionally connected with paralysis in other parts of the body. Anæsthesia in olfactory nerves, or *anosmia*, may exist alone or with hemiplegia. It may be congenital. When alone, it is commonly due to alteration in the pituitary membrane or lesion upon the nerve after syphilis, tumors, fractures, or likewise after its over-excitation as observed by Frank, Althaus, and others. Anæsthesia of smell is very frequent in hysteria, accompanied with loss of taste. In order to avoid a mistake when examining the state of olfactory nerves, no irritant odor should be employed, as its impression upon the fifth pair brings on sneezing. Hysterical *anosmia* disappears easily. Electricity has then a great power to re-establish the abolished function: one of the reophores is applied to the pituitary membrane and the other to the skin of the face, but the electric current should be very mild, short, and often repeated.

In the eye we have to consider loss of sensibility in the optic nerve or amaurosis, and paralysis in each of the muscles. Amaurosis comes either of derangement in the organ of vision, or lesion upon the nerve or on the brain, or is the result of other diseases, such as diabetes, albuminuria, eruptive or typhoid fever, intestinal worms, and also of intoxication by belladonna, sulphate of quinine, lead, mercury, and sulphuret of carbon. The sudden appearance of amaurosis in one or both eyes is a sign of lesion in the nervous centres or in some place outside of the eyeball. If there is with it loss of smell, the lesion is in the base of the brain. When sight is gradually lost, the cause of the disease is in the eyeball. Coexistence of amaurosis with albuminuria is so important and frequent that the former is considered a premonitory symptom of the latter. It appears previously to the renal disease, and although associated with it, has no influence whatever on its prognosis, neither is it in relation with the quantity of albumen in the urine. It has, however, been observed in albuminuria that cephalalgia accompanying amaurosis is a sign of immediate or approaching death.

Amaurosis is generally of slow march, excepting in hysteria or when due to fevers, neuralgia, or intestinal worms. Sight is not always totally lost, and under such circumstances, the patient presents one or various of the several changes in vision. Whenever internal or external pressure is acting upon the eyeball, sight is shortened and objects look troubled and as though under a shadow. In other cases, ambliopia or diminution of sight precedes amaurosis. As to the external appearance of the eye: *nystagmus* or its continuous convulsions is observed in congenital amaurosis; usually the eyeball is prominent, with the pupil turned upwards and without co-ordination in its movements; sometimes you will find it very much enlarged, or the contrary, and even exhibiting a marked contractility by a reflex movement after impression upon some sensible part of the retina. I need not remind you

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that in examining the contractility of the pupil the other eye must be closed to avoid synergetic actions.

In amaurosis from alteration in the media of the eye there always remains a variable sensation of light. When this sensation is referred to the lower part of the eye and amaurosis is suddenly produced, you may suspect apoplexy in the choroides displacing the retina, as under such circumstances that is a frequent symptom. You may likewise ascertain the state of sensibility in the retina after the existence or loss of the peculiar luminous sensations created by methodic pressure upon the eyeball and discovered by Dr. Serre (d'Uzès), who calls them *phosphènes*.

With the ophthalmoscope you will observe in amaurosis from cerebral lesion, that the optic nerve and the retina are atrophied, the blood-vessels being considerably diminished in size, and the optic papilla exhibiting a brilliant white and tendinous color. If the veins are larger than the arteries and more dilated upon the papilla, and if this appears diffuse or dark, and infiltrated with fatty granulations, there is an obstacle to circulation, causing atrophy of the retina and acting either internally or externally upon the eyeball. In amaurosis from albuminuria there is a fatty degeneration of the optic papilla, or hyperæmia and ecchymosis in it, or œdema in the retina.

I have mentioned the symptoms exhibited by the eye itself in amaurosis, but I may remark that the general state of the patient must be carefully examined in order to recognise whether amaurosis be not symptomatic. If there be syphilis a special treatment will be required; anthelmintics in cases of helminthiasis; and if there be neuralgia in any of the orbital branches of the fifth pair, it should be cured in the first place. Strychnia and iodide of potassium are employed against hysterical and asthenic amaurosis. In these cases direct stimulants to the eye are of great advantage. One grain of strychnia or veratrine in half a drachm of cerate to rub in on the temple. In amaurosis from neuralgia an ointment with one grain of atropine in one and a half drachms of cerate, to be rubbed on the forehead and brows, is very efficacious. In obstinate amaurosis the application of a blister or a seton to the back of the neck is a good remedy, particularly when the blister is dressed with the above ointment with strychnia. I will likewise mention the use of antispasmodics, internally taken, and of the balm of florarenti, sulphuric ether, ammonia, cajuput oil, etc., which are employed for friction on the temples, or the three first also in vapors directed to the eye. Repeated purges and emetics have been very much praised by some physicians. Scarpa, who was the first to resort to this latter means, prescribed three grains of antim. potassio-tart. in aq. destill. f3iv. Two tablespoonfuls, to be repeated every half hour until nausea be induced. Magendie, Finella, Taignot, and others, had recourse to acupuncture successfully against amaurosis. The operation is performed in the following manner: One of the needles is introduced into the sclerotic and the other into some part of the skin corresponding to the orbital nerves; or one needle may be put to the temples and the other to the occiput: the operation lasts from ten to twenty minutes. Although beneficial, acupuncture has several inconveniences; it brings, in certain cases, inflammation and great pain in the eye, and in others it must be continued for a long time, before sight is restored. You may, however, derive greater advantages from the use of magneto-electric currents. In applying electricity to the eye you should always be aware of the nature of the current to be employed. A continuous galvanic current has a direct influence upon the optic nerve, and if not very mild you risk producing loss of sight. An unfortunate accident of this kind happened to the celebrated Duchenne de Boulogne, who, not knowing the effects of the continuous current upon the optic nerve, applied it to a patient afflicted with paralysis of the facial, and caused the already-mentioned mischief. Therefore, I should advise you to prefer the magneto-electric current, and to use it, applying the reophores on two different spots on the temple.

Among the nerves supplying the muscles of the eye, the third pair, or *oculo-motorius*, is the most frequently paralysed. The ordinary cause producing paralysis in either of them is exposure to cold and wet, but it may likewise be due to tumors compressing the nerve, syphilis, or diseases of the brain, under which latter circumstance their paralysis accompanies that in other parts of the body. It is very seldom that all the muscles of the eye are paralysed together. It only happens after fractures or serious injuries to the skull, or in profound lesion of the brain, being then attended with paralysis of the eyelids, protrusion of the eyeball, mydriasis, and loss of sight. One of the few curious instances of this kind, was observed by Verduc, in a painter, who possessed the power of taking the eye in and out of the orbit several times in an hour. This state, however, is extremely rare. In paralysis of the third pair, or *oculo-motorius*, the symptom which first strikes us is the drooping of the upper eyelid—*ptosis*. The pupil dilated, is turned outwards and downwards by contraction of the external rectus and superior oblique, there is protrusion of the eyeball, diplopia, and no longer accommodation of the eye to perfect vision.

If the fourth pair, or *patheticus*, be paralysed, the eye remains permanently turned upwards and inwards, and there is diplopia when the subject looks horizontally in front of him. The movements of rotation of the eyeball are abolished, as you may ascertain by fixing your sight on one of the blood-vessels in the conjunctiva whilst the patient inclines his head towards his shoulders, looking fixedly at an immovable object. This kind of paralysis is very rare; in such instances the patient keeps his head inclined towards the non-affected side, in order to avoid that peculiar diplopia which makes him see objects double, and one over the other.

Paralysis of the abducens, or sixth nerve, usually occurs with that of the third. When alone the pupil is strongly drawn inwards, and there is diplopia. Paralysis in the third and sixth nerves, and diminution of sight, are premonitory symptoms in progressive paralysis, as remarked by Landry and Duchenne de Boulogne.

Squinting is a symptom of paralysis in the muscles of the eye, but it may be met with in cases of contraction in the same muscles, or in the ocular aponeurosis. You will at once distinguish paralytical strabismus by the following signs: the eye is drawn towards the side not affected, contrary to what occurs in strabismus from contraction; if you close the other eye, the one affected regains its normal position or can be moved, whereas it remains fixed in paralytical strabismus. It may be likewise borne in mind that among the latter external strabismus is the most frequent, and as it is due to paralysis of the *oculo-motorius* there will be *ptosis* and the other symptoms alluded to.

The treatment of paralysis in the muscles of the eye is in relation with the originating cause. If produced after softening in the *crus cerebri* or any other lesion in the brain, its cure is very difficult, if not impossible. In cases of syphilis, rheumatism, or reflex paralysis, the disease is not obstinate. For rheumatic paralysis the application of a blister to the temples or frictions with an ointment of strychnine, nuxvomica, or veratrine, are very useful. Electricity applied in the manner already described is also very advantageous. Dr. Hunt, of Manchester, has imagined a very ingenious and successful operation against paralytic *ptosis*. There is such a synergy of action between the elevator palpebræ and the occipito-frontal, that it is impossible to raise the brow when the eye is closed, or to depress it when open. Therefore, the occipito-frontal may act in lieu of the elevator palpebræ, and for that purpose Dr. Hunt performs the following operation: A flap of skin is removed after being circumscribed between two incisions—a curved one, extending from an ocular commissure to the opposite, and a second joining the extremities of the first, the edges of the wound are united by sutures; the result of the operation is, that the skin of the eyelid and that of the brow are continuous, and consequently that the occipito-frontal cannot contract without drawing the eyelid.

Paralysis of the trifacial arises from causes acting upon the nervous centres, upon the nerve itself, or from a traumatic peripheric lesion, as in the case reported by Ch. Bell, of anesthesia in half of the lips after extraction of a molar tooth. Anesthesia in the corresponding side of the face, with loss of smell, taste, and at times hearing, dryness in the pituitary, insensibility, and changes of nutrition in the conjunctiva and cornea, with *mydriasis*, or dilatation of the pupil, are the principal symptoms of paralysis of the trifacial. As to taste, it will only be lost in the anterior part of the tongue, where the lingual nerve is distributed; the gums are also swollen and torn, mastication becomes impaired, and the lower jaw hangs after paralysis in the pterigoides, the masseter, and temporal muscles. Amaurosis is observed in some cases of paralysis of the trifacial. A celebrated oculist, Dr. Taignot, resting upon pathological researches, has advanced that it is not the brain but the ganglion Gasserii which acts upon the retina, and therefore, that paralysis of the trifacial without amaurosis should be the sign of a lesion between the ganglion and the brain, whilst no lesion could take place upon the ganglion or its emergent branches without being attended with trouble in vision. This theory, however, is, in many cases, contradicted. What I have said as regards the treatment of paralysis in nerves of the eye is applicable to that of the trifacial, always serious if due to organic alteration in the brain or central parts of the nerve.

Facial palsy is more frequent than that of the fifth pair; it is usually observed in adults, particularly in men, and was first described by C. Bell. It may arise from a lesion upon the nerve or from a cerebral affection, coexisting then with hemiplegia and an impaired state of the intellectual faculties. If alone, it may be produced after tertiary syphilis, caries, tubercle or scrofula in the petrous bone. In scrofula the disease originates slowly and without pain. Apoplexy in a small extension of the medulla oblongata, abscess and extirpation of the parotid, and wounds in the face, may likewise be attended with facial paralysis. This may be brought on infants by the application of forceps, and always cures itself. But no cause of paralysis is more frequent than exposure to cold and wet. The disease very seldom takes place in both sides of the face, and may alternately exist in each of them. Commonly it appears suddenly, without any influence whatever upon sensibility, and preceded by no general symptoms. All the muscles of the face being supplied by the facial, you may deduce that its paralysis causes their relaxation, and therefore, that the brow in the corresponding side cannot be raised; the eyebrow is lower opposite, and drawn towards the middle of the face. The eyelids are permanently open after contraction of the elevator palpebræ and the oblique muscles, as also by paralysis in the orbicularis which brings epiphora. The conjunctiva is dry, and constantly exposed to atmospheric action, becomes inflamed. The cheeks are flabby, the lips distended and drawn to the opposite side, and saliva and food involuntarily pass out of the mouth to the great inconvenience of the patient, who can neither whistle nor distinctly pronounce any labial letter. You will find that smell is imperfect after impossibility of dilating the nostril, and taste diminished by paralysis of the chorda tympani, and dryness in the mouth owing to loss of saliva. There is hyperæsthesia of hearing, due to the relaxation of the tympanum after paralysis in its tensor muscle. The uvula and the tongue are diverted towards the opposite side, and deglutition is not easy by reason of paralysis of the digastricus and stylo-hyoides; but mastication is normal, as the pterigoides, the masseter, and the temporal muscle are animated by the fifth nerve. There are, in facial hemiplegia, painful spots behind the ear, in those places where the facial and auriculo-temporalis are inoculated. When the two facial are not paralysed the face is not changed, but the features are immovable, and the eyes and nose exhibit the appearance which I have just described.

Facial hemiplegia not depending upon alteration in the nerve, is generally cured, but at times is obstinate, and if

long-standing may determine atrophy in the paralysed muscles. It may happen that after a while the state of paralysis is changed by a permanent spasm in the muscles, as observed by Marshall Hall, Duchenne de Boulogne, and others. Reflex facial palsy is not serious, and under such circumstances the muscles retain their irritability, usually lost when the disease attends a cerebral lesion. One of the best remedies against facial hemiplegia is the application of electricity. Electro-puncture has also been successfully employed. Althaus advises not to use electricity during the permanent contraction of the paralysed muscle, but I think that in reflex paralysis, when contraction is not due to cerebral lesion, electricity may, on the contrary, be useful to restore normal condition in the muscles, as I have observed in similar states of the muscles in the limbs and neck. Strychnine and iodide of potassium should be administered internally to increase nutrition and nervous irritability. Externally, revulsives to the skin may be advantageous, and Dr. Jobert de Lamballe advises cauterization with hot iron as useful in obstinate cases. I would recommend you not to resort, in cases of reflex facial palsy, or any other kind, to bleeding and repeated purges and emetics, which only spoil the constitution without conferring any benefit whatever upon the patient.

Loss of hearing may be brought on by a disease of the ear, by cerebral lesion, alteration of the nerve itself, or by impediment to sound. It may follow several diseases: as continuous and eruptive fevers, diphtheria, and albuminuria, being with this latter less frequent than amaurosis and facial palsy. In hysteria, deafness is a common symptom, as I have before advanced, and is frequently connected with permanent noises in the ear. Many substances have a direct action upon the acoustic nerve. Sulphate of quinine, administered in considerable doses, produces deafness, in some cases permanent. Relapsing deafness is brought on by sulphuret of carbon, bromide of potassium, and most of the anæsthetic means.

It is not always easy to detect the cause of deafness from disease of the ear. It would be too tedious to review all the different symptoms in these diseases, and I will therefore only speak of treatment against nervous deafness, so common in hysteria, after continuous and eruptive fevers and diphtheria. This kind of deafness is cured by application of electricity to the ear. Duchenne de Boulogne, to perform this operation, fills the ear with water, and introduces into it a metallic tube continuous to one of the reophores, the other being applied to the neck, close to the ear. But you should be able to obtain the same results without filling the ear with water, and simply by moving the former reophore all along the different parts of the ear. The benefit of electricity is so certain in hysterical deafness and hyperæsthesia of the acoustic nerve, that Briquet affirms that the disease never requires more than two applications of electricity to be cured. Although there is no exaggeration in this fact, I may say that in hyperæsthesia of the ear, and in cases of noises, I have often seen them afterwards reappear, and not be permanently eradicated until the hysterical disease had been cured. Deafness after fevers, even when it has been of long standing and obstinate to other treatments, is easily made to disappear by the application of electricity. But you will meet with deafness after eruptive fever, diphtheria, and angina, which, after resisting the electric treatment and all others, cures itself in a sudden and strange manner. I had, not long since, occasion to see an instance of this kind, in a child who became deaf after scarlatina. He was considered incurable by an able specialist for diseases of the ear; deafness was so complete that the vibrations of a diapason applied to the head were not perceived; however, the child one morning, all at once, regained his hearing without the least precursory symptom.

I will call your attention to paralysis of the palate, coming after diphtheria, angina, or inflammation in the pharynx. It is always when the disease has disappeared that paralysis takes place by a reflex action; difficulty in

deglutition, with flowing of the liquids through the nose, and speaking through the same, are the first signs announcing the accident. Examination of the palate shows it to be relaxed and insensible, and the muscles, although paralysed, retain their irritability. The disease may last long, but generally cures itself in a short time, and galvanism is the best remedy for it.

I will make, in conclusion, a few remarks about lead palsy and wasting palsy. In cases of poisoning by lead, paralysis generally attacks the upper extremities, its first symptom being impossibility of extension in the wrist, and consequently its dropping, by paralysis of the extensors in the forearm; always affected in preference to the supinator muscles and interossei, which are never attacked. I have previously mentioned amaurosis and deafness after poisoning by lead; as to general sensibility, it is preserved, but the muscles in the abdomen often exhibit a high degree of hyperæsthesia, which may likewise be found in those of the limbs. From what I have myself observed in several instances, muscular irritability is only gone in cases of long-standing palsy, when atrophy is considerable. Electricity should be resorted to against lead palsy, the current mild, however, and repeated at intervals, for, if strong, it often afterwards brings painful cramps. Against hyperæsthesia in the muscles of the abdomen, electricity is an excellent remedy, as discovered by Briquet. The faradic treatment will never be sufficient to make lead palsy disappear; it is necessary to use, at the same time, drastic purgatives and iodide of potassium, ten or fifteen grains a day. This latter has a powerful and direct action upon the blood, to eliminate the poison; and you may judge of its effects from the disappearance of the bluish color always presented by the gums in cases of poisoning by lead.

Wasting palsy is *general or partial*, and mostly occurs in men independently from any primitive alteration in the nervous centres. The disease always appears in the voluntary muscles, generally after their over-action, or without perceptible cause. When commencing in the upper limbs, it is the thenar eminence which is first affected, the disease afterwards spreading to the forearm and the fingers, bending by disappearance of the extensor muscles. In some instances the spinal muscles are first atrophied, in others, those of the shoulder, the trapezius being first invaded; and in the end the arm shrinks, and loses all power of movement whatever. One of the earlier symptoms in the disease is weakness and loss of electric muscular irritability, with quivering and cramps in the limbs; the muscles, however, may, during that period, still obey the will. It is important to distinguish wasting palsy from fatty substitution in the muscles, due to paralysis in the nervous system and rest of the limbs. In wasting palsy, atrophy precedes paralysis, the nervous system keeps its integrity to the end, and if attained, it is consecutively. Neither is the distinction admissible, made by some authors, between *atrophic fatty palsy* in children (*paralyse graisseuse atrophique*, Duchenne de Boulogne) and other kinds of palsy, as the former is an abnormal and consecutive state of the muscles during the advanced stage of permanent paralysis. In children, the rule is to meet with reflex paralysis (*"paralysie essentielle"*), and if not temporary, it is attended with fatty substitution in the muscles; therefore, this state cannot be considered a distinct and peculiar affection, as is pretended by Duchenne de Boulogne.

It is at present impossible to fix the treatment for wasting palsy, generally running a fatal course. At an early period the application of electricity has, in certain cases, arrested the disease. Strychnia and iodide of potassium have likewise been successful in other cases; but I repeat, there is no certain treatment, and we are obliged to employ alternately the above means, jointly with hydrotherapeutic, and all others capable of restoring muscular nutrition.

Original Communications.

GUNSHOT WOUNDS:

BEING PORTIONS OF A LECTURE DELIVERED BY THE LATE

AMASA TROWBRIDGE, M.D.,*

SURGEON U. S. A.

Force of Balls.—I saw three soldiers at Fort Erie, during the siege of 1814, receive contused wounds from a cannon ball; they were lying together in a tent, the ball entered and carried away both legs of the first man, near the hip joints, shattered one of the legs of the second near the knee, and both legs of the third below the knees. In these cases there was but little appearance of pain or mental agitation; they were as composed and expected efficient surgical aid as though these wounds were of a trifling nature. The division and concussion of the parts so contiguous to the body of the first occasioned his death on the third day. He was quiet and easy until reaction took place. The second suffered amputation of the leg; the third, of both, and both recovered. * * *

Wounds of Joints.—Col. Miller, who commanded an expedition to Long Point, on the Canada shore, received a wound by a buck-shot passing through the capsule of the knee-joint. It was suffered to pass into extensive suppuration, he languished at Buffalo for several months, had his leg amputated, and died soon after the operation. I knew but little of his habits, or the state of his general system. Col. McNeil, at the battle of Bridgewater, received a wound by a ball passing a little above the patella and under the ligament, wounding the capsular ligament, and carrying away a portion of the condyle; there was much contusion of the parts; after suffering much pain, inflammation, and suppuration, he recovered with partial ankylosis of the joint; he was a man of good constitution and habits.

Fracture of Bones.—In gunshot wounds, where balls pass and fracture only the cylindrical parts of bones, fractured portions are sometimes thrown into the soft parts; here an opening ought to be made so that they may be cast out by suppuration. At the siege of Fort Erie, which lasted forty-seven days, many cases of this kind occurred among the officers as well as soldiers. Capt. Cilley had his thigh broken near the middle by a ball passing through it. On passing in my finger I could discover no bone in the track of the ball, but could find portions thrown out of their natural position, and resting in the adjoining muscles. Free incisions were made on the outer portion of the thigh to the shattered portions of bone; inflammation and suppuration followed, in a short time the bones were discharged, the limb was extended and supported by splints and bandages, and although three inches of bone were lost, a rapid recovery and a good limb followed.

Arteries and Nerves.—A ball may pass near a large artery, and divest it of all its surrounding support without its sustaining any other injury, but if a ball pass near a nerve, portions of the body depending on such nerve for its influence may become partially or totally paralysed for a time. Gen. Ripley was wounded at the sortie at Fort Erie, by a musket ball passing in on the left side of his neck, in the situation of the carotid artery and the third cervical vertebra; striking this, it passed out a little forward of the carotid artery on the opposite side. Paralysis and loss of use of both arms followed immediately; suppuration in a few days exposed both arteries to view; compress and bandage were used to prevent aneurismal enlargement. Exfoliation of a piece of bone followed. Deglutition was for some time difficult, and he suffered much from morbid secretions about the fauces; repeated bleedings, and other means,

saved the parts from excessive inflammation, and a recovery followed, with some distortion and inability to turn the head. The paralysis of the arms continued for the first three months, with a gradual change for the better. But an uncommon sensation was produced when the hands and arms were exposed to the air, particularly if the temperature was below that of the body. Pain in the parts and an uneasy sensation in the whole system would follow, which was relieved by warm applications and change in the temperature of his room.

Health of Patients.—Gunshot wounds are influenced by the general state of health, and their final effects cannot be known at their commencement.

Wadding in Wounds.—Extraneous bodies may be carried into the wounded parts; we may find the openings, and conclude the ball has passed out, yet the wounded part may contain pieces of wadding, portions of cloth, or some other foreign substance. Gen. Brown was wounded at the battle of Bridgewater; the ball entered the upper portion of his thigh, a little anterior to the trochanter major, and passed out over the inguinal glands; he left the army the next day, passed over to Buffalo, and from thence to Barker, on the south side of the bay. He suffered from inflammation and suppuration of the wounds for three weeks, after this he convalesced a short time and repaired to Fort Erie, taking lodgings in an armed schooner. Here secondary inflammation took place, with swelling, great irritation, and discharge of matter from the wound. A piece of woollen cloth was removed, the wound soon healed, and he resumed his active duties at the fort.

Wounds of the Thorax.—Major Trimble, at the sortie upon the British batteries, near Fort Erie, received a wound by a musket ball through the right portion of the thorax; it entered and divided the fifth rib near its cartilaginous extremity, passed through the lung and divided the same rib near its curvature towards the spine, and passed out. He was engaged at the time he received the wound, in carrying one of the enemy's block-houses. Blood flowed freely from his mouth and external wounds, respiration was at times nearly suspended, with feeble pulse and cold extremities. I shall not be able to give a particular history of his treatment, but I well remember, that but little hope of his recovery was entertained until the fifth day after receiving the wound. From the time of the accident to this period, bleeding from the external wounds gradually subsided, but the prostration of the system was great from the first. Reaction, however, took place, and so steady and continued was it, that he was bled six times within twenty days. It was to the repeated bleedings, together with the kind care of his friend, Col. McRea, who remained with him constantly, that I attribute his final recovery. After the close of the war he distinguished himself in the councils of this state (Ohio), and was employed by the General Government to transact important business with some of the western tribes of Indians. He was elected a member of the U. S. Senate in 1822. His fatigue and exposure at the west, the previous season, had aggravated an affection of the lungs, which proved fatal a few days after his arrival at Washington.

Skull Trephining where there is no Depression, especially when followed by Convulsions.—If a severe stroke is made on the skull by a musket ball, and the appearance of threatening symptoms follows, a perforation should be made through the skull, although there is no depression of the skull. * * * This piece of bone was taken by the trephine, from a soldier wounded at Sackett's Harbor. A spent ball struck the side of his head near the coronal suture, on the parietal bone; it denuded the bone and glanced off, carrying a portion of scalp with it. He suffered two days with symptoms of concussion, then recovered, and was apparently well for thirty days. After this he complained of pain in his head, nausea, and distress at the stomach, with chills and fever. This was followed in a few days by fits. I first saw him in one. There was a morbid state of the parts first injured by the ball, and a sanious discharge from a small fistulous

* Copied from his notes by his son, WM. K. TROWBRIDGE, of Watertown, N. Y.

opening to the skull. I applied a large trephine and took out this piece of bone. You perceive a portion of the inner table was originally broken down, which must have rested upon the dura mater. There was considerable thickening of the dura mater directly under the injured bone, and some matter flowed on its removal. His convulsions subsided, and in a few weeks he was reported fit for duty.

Another Case.—A similar case occurred in my private practice a few years ago. A discharged soldier came from one of the western forts, and was almost daily afflicted with convulsions; he had suffered in this way for nearly nine years. They were caused by a blow on the head with a cane. On examination; I found a depression on the upper portion of the occipital bone. He had obtained some relief from repeated bleedings. I recommended the use of the trephine, and he submitted to the operation. This is the piece of bone removed. You perceive both tables were fractured and depressed, and the inner one is much thicker than the outer. Inflammation and a discharge of matter followed for three months, when the wound healed, and the patient entirely recovered. I have operated in several other cases, where epileptic fits followed injuries of the head, with the same favorable results. I have always found the dura mater much thickened, and in a morbid state.

No Records by Surgeons.—During the progress of the late war, the surgeons who accompanied the various divisions of the army were sensible that the country through which they passed, and to which they were called to exercise their professional duties, had before been the theatre of war, and human distress from disease, whose cause was the same that there surrounded them. They witnessed the sudden changes of atmosphere peculiar to countries surrounding large and extensive lakes, and the local and general predisposing and exciting cause of disease. They witnessed the many fields on which armies had been encamped, and on which surgeons had put in requisition all their talents, skill, and experience, to control or mitigate wasting pestilence and disease. They frequently viewed decayed forts where severe and destructive contests had been carried on by contending armies, or the more sanguinary results of partisan warfare, or savage barbarity, where singular and extraordinary cases of surgery had been presented. And yet not a trace of the history of these occurrences could be found that would impart one ray of light to their anxious and inquiring minds. Nor even could they trace the names of those on whom rested those arduous duties. The minds that had been directed to the investigation of diseases that then prevailed, and to the direction of the system of the medical department generally, had treasured up all their knowledge and observation only to pass into oblivion and forgetfulness with themselves. A similar result will probably follow the opportunities of and researches of the medical gentlemen who were attached to the army in the last war. Dr. Mann has published a few facts gathered while on the northern frontier. You will read these with much pleasure and profit to yourselves.

All agree, who are experienced in these matters, that the differences in gunshot wounds are referable to three general causes, viz. the kind of body propelled, the velocity of the body, and the nature of the parts injured. I will not take up your time by bringing to your view the absurd opinions of former surgeons in relation to this kind of wounds. They were contused, and lacerated, and always attended by inflammation and suppuration. This induced them to believe that the body which produced the injury must have been heated, or poisoned, which had an additional effect with mechanical violence. The modern surgeons, better acquainted with the laws of projectiles, know that a ball, however great its velocity, never acquires in its passage any perceptible degree of heat, and that there is nothing poisonous in powder. The usual severe consequences following a wound made by so obtuse a body as a musket ball, sometimes passing with an immense velocity, and sometimes nearly spent in its force, are easily accounted for and explained.

These wounds are always attended with more or less contusion and laceration; and some portions of the sides of the wound, or divided parts around the track of the ball, are deadened, and must be thrown off by inflammation and suppuration, before the healing process can commence. A wound of this description cannot unite by the first intention, except sometimes where a spent ball passes out. The effect of balls on soft parts of the body is similar in some respects to what is produced on hard substances. The opening which the ball makes in entering is always smaller than that by which it passes out; at the first point the parts are depressed, at its exit they are raised and prominent.

Wounds of Joints, with Fracture.—The surgeon is often called to decide, in cases of comminuted fractures, whether the articulating extremities and cartilaginous portions of a joint are involved in the immediate injury by gunshot wounds. It may be observed, as a general rule, where the primary disease is of this nature, that the secondary results will probably destroy the patient; or, if he passes that stage, the affected member will be lost, or the life of the person placed in great jeopardy. It is the duty of the surgeon to amputate soon after the injury. If immediate amputation is deferred, for the process of suppuration, as some advise, more lives may be lost than limbs saved. I know it is difficult to apply this rule to all cases in practice. I have often seen cases occur where organic lesion seemed to demand immediate amputation, and yet a favorable result followed without the use of the knife. But, gentlemen, if you practise surgery, you will frequently be placed where you must make an immediate decision; and the result of that decision will settle the question, as to the life or death of your patient, and reflect honor or disgrace on your profession, and your own reputation.

Shock.—It is urged against immediate amputation, that the person is much agitated, and his system depressed at the time of receiving the injury, and that the operation should be deferred until reaction takes place, and the suppurative process is tried, and then amputate, if the limb cannot be saved. This shock of the system, when a ball passes through the extremities, is not experienced as often as some writers imagine. In cases where a ball passes through large muscles, the person is not at first sensible of pain, or even that he has received a wound; his garments being stained with blood is the first intimation he has of the accident. Even if the bone is fractured, he is first made acquainted with it by inability to use the limb. Larger wounds of this kind cause but little disturbance to the general system, until some time after they are received. I had an opportunity to witness this phenomenon in many instances during the last war.

Col. Aspinwall, at the battle of Chippewa, received a gunshot wound near the elbow-joint; the ball pierced the condyles of the humerus, and yet he appeared to be but little affected by it; he remained on the field until the battle was ended, and then immediately suffered amputation, without much pain or disturbance.

CASE OF CHRONIC HYDROCEPHALUS.

By J. B. REYNOLDS, M.D.

PHYSICIAN TO THE CHILDREN'S DEPARTMENT OF THE DEMILT DISPENSARY.

EMMA W——, an infant (illegitimate) three months of age, was brought to me, suffering with the above-named disease. The father was the subject of constitutional syphilis. The mother was healthy, but had suffered much mentally during late years, having been deserted by the father of this infant during the latter part of her gestation. Maternal grandfather and uncle died with phthisis. This infant was one of seven children, all living; but all of whom had been subject to obstinate cutaneous eruptions, and suffered from incontinence of urine at night. Four brothers had chronic otorrhoea beginning at the fourth

month. Some years ago Dr. E. H. Parker told the mother that one of these children was a good subject for water on the brain—it escaped. At the birth of this child the mother was alone, and was obliged to attend to herself and infant; to cut the cord, take care of the afterbirth, etc. The labor was over twenty-four hours, and more difficult than those previous. At the time of birth she noticed that the head was quite large, that the bones were not well developed, but soft, especially the two halves of the frontal. At the end of the first month the head began to increase in size, and the scalp assumed a tense shining appearance; the stomach became irritable, and the bowels constipated. On the 1st of February, the infant, then being three months old, was brought to me. I found it with a large head, the bones yielding to pressure, the sutures widely separated, the parietal bosses remarkably prominent with absence of bone substance, and the coverings of this part of the brain bulging out strongly. The two parts of the frontal bone were tilted markedly forward, leaving a wide coronal suture, and pushing down, by pressure from the orbital plates, the eyes, so that but about half of the cornea appeared above the lower lid. The infant gave no signs that it could see. The whole head was remarkably sensitive, the most careful manipulation giving pain and causing the child to cry piteously. It was very irritable while awake, but slept much of the time, though never out of its mother's arms. The stomach rejected most of its food; the bowels were constipated; had no convulsions. It was ordered a laxative and iodide of potassium gr. ij., three times a day.

Feb. 4th.—Child much improved, was less irritable, stomach quiet, bowels moved twice in twenty-four hours, nurses well. I now measured its head and found its greatest circumference 20 inches, and from tip to tip of ear over top of head 12½ inches. From a number of measurements that I have made I find that the head of a healthy child of three months averages about 16½ inches in greatest circumference, and 8½ inches over top of head from tips of ears. Continued iodide of potassium, and gave a small dose of grey powder with confection of senna once a day. *Feb. 11th.*—Continued improvement, is brighter and sleeps well at night, urine increased in quantity, but head larger, 20½ to 20½ inches in circumference, and 12½ over top. Continued powders, and increased iodide of potassium to grs. iij. three times a day. *Feb. 17th.*—Sleeps and eats well; bowels regular, and stomach quiet. Head 21 inches around, and 12½ over top. Increased iodide potassium to gr. iv; powder every second day. *Feb. 24th.*—No change from last date, except the increase in size of head to 21½ inches around, and 13½ over. The axes of eyes are straight, though turned down from pressure of orbital plates of frontal bone. Ordered in addition to other treatment cod-liver oil and syrup of the iodide of iron. *March 8th.*—Has been growing finely; quite fat and strong. Though the head is growing, yet the force of the pressure of the fluid upon the brain seems to be lessened, as the infant now can see, and with an effort can raise the cornea free above the lower lid. Head measures 22 inches around, and 14 inches over. *March 20th.*—Irritability has returned, with sudden starts and sharp cries at night, nurses less; stomach and bowels normal. Mother says that the head seems to her to be more luminous; 23 inches around, and 14½ over the top. Continued the oil and iron, but stopped the iod. pot. for a few days. *March 24th.*—Is better; watches the movements of the candle. Ordered very small doses of the bichloride in tr. cinch. comp. and tr. junip. comp. *April 3d.*—Child still a little irritable; the bichloride, juniper, etc., sickened her at first, and increased but slightly the quantity of urine. Returned to small doses of pot. iod.; 23½ inches around, and 15 inches over. *April 14th.*—Irritability passing off; quantity of urine natural in amount again; head in circumference 24½ inches, and over top 15½ inches. *May 11th.*—25½ inches around, and 16½ over; increase doses of pot. and oil. *May 25th.*—Continues to grow finely; limbs hard and plump; head very transparent, but covered with the usual quantity of hair; bowels a little too free; moving five times

in twenty-four hours; amuses itself watching the play of the kitten, but when desirous of attention it will pronounce quite plainly the word mamma; head 25½ inches around, and 16½ over. *June 9th.*—On the afternoon of the day of last date the child was neglected and allowed to cry for two hours, and its head was accidentally struck against some article of furniture, leaving an indentation in the bone. It vomited and "acted strangely." There was considerable lachrymation, and the eyes could not be raised above the lids; no strabismus; its appetite failed, and did not improve for several days, and during this time there was considerable tremor of the limbs. Now all is again quiet; the bones are growing and closing up the sutures; that between the two frontal bones being nearly closed; 26 inches around, and 17 over. *June 29th.*—During the last twenty days the child has been steadily improving in flesh, and with all the functions in good order; the bones of the head continuing to increase in extent and firmness. During the last few visits my attention has been attracted by a peculiar cough; so curious is it, that many persons have remarked it. During one of these visits I made the following note: "It has a peculiar cough, similar to that of a child 10 to 15 years old; and after the cough, it will endeavor to clear its throat by a forcible, hoarse, expiratory cough or groan similar to that of an old person." It is easily startled by sudden noises; the bowels are opened four or five times in the day; and the mother says that the urine is notably increased; the skin has always been cool and fresh; the pulse has ranged about 130; respiration normal. Though nearly eight months old there is no appearance of teeth, nor is the saliva greater in quantity than in a three months' infant. For the past twenty days the head has remained about the same in size. I have never been able to hear the cephalic bruit; no change in the treatment. Since June 9th, the head has increased only about half an inch in circumference, but has remained the same over the top; being only 26½ inches around, and 17 over. *Aug. 30th.*—Since last date nothing worthy of note has occurred; slight increase in size of head, 27 inches around, and 17½ over; continued cod-liver oil and iron, but stopped pot. iod. *Sept. 15th.*—I think that I did wrong to stop the potassium, for I now found the fontanelles raised and tense; the arms have again assumed the position in which I found them during the first months of treatment, drawn closely to the chest. While sailing in a ferry-boat, though daily accustomed to take the fresh air in this way, it became sick, and vomited; head measures 27 inches around, and 18 inches scant over the top; returned to pot. iod. *Oct. 2d.*—Child has been gradually growing worse; very fretful; emaciating rapidly, as it nurses but little, and refuses to feed; head and feet cold; no convulsions. *Oct. 8th.*—Died from exhaustion; it was 11 months old; the gums and cheeks were the seat of ulcero-membranous stomatitis. I was unable to procure an autopsy.

Upon reading the history of this case it will be seen that the disease was congenital; that when the case was first seen by myself the head was very large, being but little smaller, though but three months old, than that of an adult, being 20 inches in circumference, and 12½ inches from tip to tip of ear; while the size of a healthy child of the same age is about 16½ inches around, and 8½ over; the adult head being about 22½ inches around, and 12½ over. The size of the head went on gradually increasing until the seventh month, when it was 26 inches around, and 17 in. over, increasing in size six inches in circumference, and nearly five inches from ear to ear in the course of four months. Contrast this with the size of an infant's head of the same age, 17½ inches in circumference, and 9½ inches over the top. For about one month it remained stationary; but then began to increase slowly, so that during its last four months it only increased one inch in each direction. At the time of its death, it being then 11 months old, its head measured 27 inches in circumference, and 18 inches over the top; the head of a healthy infant of 11 months measures 18 to 18½ inches around, and 9½ to 10 inches over the crown. It had cut no teeth.

SUCCESSFUL TERMINATION OF PURPURA HEMORRHAGICA.

By FREDERICK BEDFORD, M.D.,

LATE HOUSE SURGEON TO BELLEVUE HOSPITAL.

I was called to see, on March 7, John K——, æt. 27 years, who had been attacked suddenly with an epistaxis four days previously. From the commencement of the patient's illness until my first visit he was attended by a physician, who succeeded, after a good many efforts, in checking the hemorrhage by the injection of tinct. ferri mur. into the nostrils, plugging the anterior nares. A day or two after hæmaturia and bleeding from the bowels were prominent symptoms, the patient having five or six passages of clotted blood in the course of the day. About the same time hemorrhagic spots characteristic of purpura were visible on the face, chest, and arms. I found him with a pulse of 140, feeble, intermittent, dry tongue and coated. The following mixture was then prescribed:—R. Spts. terebinth., acid sulph. dilut., aa fʒij; mucil. acacie fʒij. M. Also equal parts of brandy and water in small quantity. Patient became very much annoyed with spitting blood, which came from the posterior nares, and in order to remedy this he was ordered to eat plentifully of pounded ice. Inasmuch also as his respiration was oppressed by the formation of a coagulum in the fauces, the mass was removed shortly afterwards by a long polypus forceps, affording him immediate relief. The following day the pulse increased to 159, and was very feeble; bleeding from the bowels and kidney continued, and tannic acid in small doses was accordingly ordered in addition to the other means of medication. *March 9th.*—The turpentine produced strangury, which was relieved by powders composed of pulv. doveri hyoscam. and camphor gr. i. each. *March 10th.*—Patient was very feeble, pulse 155. There was great difficulty in breathing, from excessive dryness of throat, caused by the anterior nares being completely plugged with a coagulum. He was unable to swallow unless having previously moistened the lips and mouth with cold water; discharge from bowels somewhat diminished; hæmaturia continuing, strangury relieved; no change in treatment. *March 11th.*—Patient became somewhat delirious; complained principally of the parched condition of his tongue and throat, so that I thought it advisable to remove the plug from his nostrils. This I succeeded in accomplishing, not however without some difficulty, affording him great comfort. Pulse 155, and intermittent. Quinine and a more generous diet was directed; when the blood in the stools and urine gradually became less in quantity until the 16th, when it disappeared altogether, the pulse decreasing to 108 per minute, and acquiring more force. From this the patient became rapidly convalescent.

CASE OF

UNUNITED FRACTURE OF THE OS HUMERI, OF FOUR YEARS' STANDING.

CURE BY THE USE OF SILVER LIGATURES.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC.

P. M., æt. 39, was admitted into the Pacific Clinical Infirmary, July, 1856, in consequence of an ununited fracture of the centre of the os humeri, of four years' standing. The limb was very little swollen at the point of fracture, and not at all painful, even when moved actively, though the arm would bend very considerably. An incision was made four inches long on the outer side of the arm directly down to the bone. After this a sharp bone chisel was taken, and the soft parts removed with it from the ends of the fragments for the space of an inch and a half. The adventitious formation was then removed from between the ends of the bones with the same instrument, when the lower

end of the os humeri could be readily bent at right angles with the upper. In this position the ends of the broken bone were readily drilled by using an instrument that made a hole one line in diameter. A silver wire, a little smaller than the drill, was then passed through each fragment, when the parts were brought back in close apposition, and the ends of the wire twisted together so as to form a firm knot. A piece of lint wet in an evaporating lotion composed of one part of alcohol and ten of water was applied in the wound, by which it was made to heal entirely by granulation. A roller was then applied upon the limb as tightly as the patient could conveniently bear, commencing at the fingers and extending to near the axilla. The object of having the lint and roller thus applied was to prevent the burrowing of purulent matter among the surrounding parts and leave an opening to the bone, remaining for some time so, that if any portion should exfoliate, room would be left for its escape. The importance of this practice, I cannot too strongly impress upon the minds of my readers; so much so that I do not believe success to any considerable extent can attend any other method of operating for ununited fracture. By this method the parts become consolidated in the region of the wound, interrupting not only the admission of purulent matter from the secreting granular surface into the surrounding parts, but preventing the development of abscesses in the neighborhood, which so often cause this operation to fail. The dressing was completed by applying splints to the arm, flexing the forearm, and putting it into a sling across the breast. The cold lotion was continued and the same roller retained for ten days, when it was removed, the lint taken from the wound, and fresh dressings applied instead, which were changed again every third day; and this course continued without change throughout the after treatment.

A gentle motion of the wire was instituted by moving the ends back and forth, commencing during the third week. The object of this was to render the removal of the wire easy. At the end of six weeks the ends of the wire were untwisted; one end cut off by the bone forceps near the bone, and the other gently drawn upon until it came away. Tr. of iodine was applied at this time, and the roller continued two weeks longer when the cure was complete, the fractured bone being united firmly.

The patient then went to work, and has since been constantly laboring at his trade (house-carpenter) as formerly, being entirely well at this writing.

PROFESSOR MEIGS.—It is stated that this distinguished physician is about to retire to his country residence, bearing the romantic Indian name of Hamanassett, about twenty miles southwest of Philadelphia, in the pursuits of literature and agriculture, and upon the composition of a work which he has long meditated upon the history of medicine.

DOMESTIC ITEMS.—Dr. N. R. Mosely, of Philadelphia, has been elected an honorary member of the Ophthalmic Society of Paris. Dr. G. S. Walker has been expelled from the St. Louis Medical Society, on account of his becoming a homœopath. The *Georgia Medical and Surgical Encyclopedia* has ceased to exist. Dr. A. B. Benedict has been elected Professor of Anatomy and Physiology, and of Materia Medica and Therapeutics, in the proposed Dental College of New Orleans. The next annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, which was to have been held on the 11th of June next, has been postponed for one year. One of the lectures of Dr. T. G. Thomas has received the honor of a translation into German, and a separate publication in a pamphlet form.

The Commencement Medical Department of the University of the Pacific was held on the evening of the 14th of April. The degree of Doctor of Medicine was conferred upon six candidates. Addresses were delivered by Dr. R. Beverly Cole and Rev. T. Starr King.

Reports of Hospitals.

LONG ISLAND COLLEGE HOSPITAL.

SURGICAL CASES.

SERVICE OF JOHN G. JOHNSON, M.D.

Removal of nearly one half of the Maxilla Inferior for Necrosis.—Complete Bony Restitution and Restoration of the Functions of the Jaw.—About the middle of September, 1859, Lizzie Reardon, aged 5 years, residing at 109 Hamilton Avenue, was admitted with the following history: Three months previously, her mother had taken her to a dentist, who, according to all accounts, in removing a tooth, fractured the jaw. Swelling of the face on the injured side ensued; the other teeth loosened and fell out. Abscesses formed along the bone, both within the mouth and on the cheek, and were lanced. At the time she was presented to the hospital, a necrosed portion of bone was projecting through a sinus of the chin. Two front incisors were the only remaining teeth on the affected side. The face was greatly swollen. A fistulous opening at the angle of the jaw communicated with necrosed bone, and two others on the ramus; several also on the inside of the mouth communicated with dead bone.

The case was examined by the surgeons in attendance, who advised the removal of the carious bone; slight traction with the forceps applied to the projecting point of bone was sufficient to separate the coronoid process from its articulation, when it was found that the whole bone of that side was necrosed. The sinus at the chin was enlarged. The handle of a scalpel being crowded along the body of the bone, the periosteum was separated from all its attachments. Traction was again made upon the projecting point of the bone, and the condyle was brought down to the fistulous opening inside of the mouth. This sinus was enlarged, and the whole of that side of the jaw was drawn out through the mouth with very little more difficulty than would be experienced in removing a molar tooth—the only incisions having been that on the chin of about half an inch, and the one on the inside of the mouth an inch in length. The portion of the bone removed was the entire left half of the jaw, excepting the portion in which the two front incisors were. Simple water dressings were applied, and tonics administered. The swelling rapidly subsided, and as the face became smaller the jaw was drawn towards the diseased side, there being nothing on that side to resist the action of the muscles. She was brought to the hospital for about six weeks, during which time the reproduction of bone advanced with rapidity. About one year subsequently she again came under observation for some slight complaint. The restitution of bone was complete. The articulation was perfect, and with the exception of the loss of the teeth, she could use the jaw as well as if it had never been diseased. There is no undue sensitiveness about the jaw, and a dentist can easily fit a plaster to the new formed bone with a complete set of teeth for that side. She is in other respects a perfect picture of health. A case similar to this is published by Prof. E. S. Cooper, of San Francisco, in the *Medical Times* for February 23, 1861. In his case, a girl of seven, necrosis followed pytalism, and he removed nearly the whole of the left half of the inferior maxilla in the same manner. These cases are of interest from the slight causes which will produce the necrosis of so large a portion of bone in the young subject, and the facility with which new bone is formed.

Rupture of the Tendon of the Rectus Femoris Muscle above the Patella.—Recovery, with partial Anchylosis of the Knee, without the Patient's Losing a Day's Work.—On the 28th of March, 1861, Wm. McGovern, a powerful laborer, 46 years of age, weighing two hundred and ten pounds, applied at the Long Island College Hospital for

relief for stiffness of the left knee. He was quite an intelligent man, and gave the following history of the manner in which the injury was received. During the past year he had been at work on a farm, and on the 3d of December, 1860, he attempted to descend from the hay-mow, by walking down an inclined plane formed by a board, when he fell a distance of about eight feet, with his full weight upon the left foot, which was bent under him. Upon attempting to rise, to use his own language, "the leg crippled up," and he fell. The limb was forcibly extended by a fellow workman, and the patient again attempting to rise, fell down a second time. It was then extended twice in succession, after which, he says, he continued to work. The knee was enormously swollen, still he was able to keep about upon it, feeding the cows; but he could not milk, as he was unable to sit down to it. On presentation at the hospital, he could walk on a level surface with scarcely any appreciable halt. He could not, however, go up or down stairs as usual, but was obliged to walk with the left knee stiff, putting the right foot upon the step, and then drawing the left after it. He had had no medical attendance from the time he received the injury. On examination of the seat of injury, the ligamentum patellæ and patella itself were perfect. It was lower than normal, and firmly held in place by adhesions, so that scarcely any lateral motion could be effected. About the patella, at the point where the rectus tendon is attached to the patella, there was a depression marked, so that the point of the finger could be carried under the upper edge of the "knee-pan" in the same manner as it can under the acromion in a dislocation into the axillæ. This depression continued up the femur seventeen lines, when the tendon of the rectus muscle could be felt. The skin was corrugated when the limb was partially flexed; upon the patient attempting to extend the limb, the skin would be drawn up by the contraction of the rectus muscle, which had formed new attachments at this point. There was a partial ankylosis, as is often seen after fracture of the patellæ, so that the limb could with great difficulty be semiflexed. Upon flexing the knee as far as possible, a marked deformity was noticed; the patellæ remained at the head of the tibia, the depression above the patellæ was more marked, and the condyles of the femur were brought into marked prominence, while over either condyle a small tendinous band could be felt, showing evidently that some of the fibres of the vastus externus and internus had not been ruptured, and had received this additional development from the unusual demand upon them.

This is a unique case, not only from the patient's continuing to use the limb after the occurrence of the injury, but from the firm adhesions which have taken place, notwithstanding this continued daily use of the limb.

Prof. Velpeau's remarks upon fracture of the patella may be of interest in connexion with this case. He says:—"Since 1832 I have dispensed, in patients affected with this fracture, with all annoying dressings. To prevent the consecutive stiffness of the articulation I permit them to get up and walk about at the end of twenty or thirty days, and even sooner, if the separation is inconsiderable. In proceeding in this manner, I have seen fractures of the patella recover more perfectly, and with infinitely less trouble than by the long protracted employment of the most injurious dressings." In the two cases of rupture of the tendon of the rectus femoris quoted by Prof. Velpeau, the one who commenced walking on the fifteenth day had much better use of his limb than the one who kept still for a longer time. This may develop an interesting point, whether it is advisable to confine a patient for so long a time as is taught for fracture of the patella—some three months. Is not the danger of ankylosis greater than the benefit to be derived from long union of the patella? and is not fibrous union of the bone to be preferred as giving greater freedom of action and less liability of re-rupture?

American Medical Times.

SATURDAY, MAY 25, 1861.

MILITARY HYGIENE.

If any one class of citizens more than another may properly take a deeper and more practical interest in the events of the present war, and in the condition of the soldiers who are called to engage in it, physicians constitute that class. Not only is it true that "a great war is a great epoch in the onward march of surgical science, when the slowly elaborated teachings of civil life are tested on the grand scale," but a great war furnishes grand occasions, and a vast field for the exercise of "the humanities of medicine."

Since the call to arms, five weeks ago, vast bodies of troops have been raised, and moved forward to the seat of operations, with a rapidity never before equalled. The seat of Government being the grand rendezvous, as it was and still continues to be the most important point for defence, the accumulation of troops at this place has gone on until there is now gathered in and about this "city of distances," a larger body of soldiers under arms than ever before were gathered at a single point upon the western continent.

The sudden gathering of more than thirty thousand men in the neighborhood of Washington, where, without due preparation for provisioning and sheltering, these untrained soldiers have taken their first lesson in camp life, furnishes a peculiar opportunity for the study of some most important questions in Hygiene. Though the troops have thus far continued in tolerably good health, the germs of grave maladies already exist among them, and would excite serious apprehensions, did we not know that the chief authorities are keenly alive to the importance of preserving the health and morale of the soldiers. With peculiar satisfaction we make this statement to our readers. Never have we met with any class of philanthropists who appeared to have a keener appreciation of the sanctity of human life, and of the sacred obligations to preserve the health of their fellow men. The elevated and intelligent views taken of this matter as a question of State policy as well as humanity, by President LINCOLN and his Cabinet, and particularly by GENERAL SCOTT, Adjutant General THOMAS, and Acting Surgeon-General WOOD, will lead to the adoption of such measures as will insure very desirable improvements in the hygiene of the army. These distinguished men all unite in saying that the noble army now gathering represents the homes of the people, and its health is too precious to be needlessly jeopardized. They also seem to desire wisely to utilize and guide into legitimate channels the elements of civil or voluntary aid which are so profusely offered by the people of every class and profession. Of this, and concerning the hygienic condition and prospects of the army, we will write at another time. We will here repeat a remark made by Brigadier-General MANSFIELD. Speaking of the instances of neglected hygiene in different regiments, that distinguished officer remarked, that the greater part of the evils seen in particular regiments were simply the results

of ignorance of, or inattention to, the established army regulations relating to the discipline, police, and health of the troops and their quarters. "I have no trouble on that score with the Seventh New York Regiment," said the General; "they obey orders, and attend strictly to the police of their camps. Their wheelbarrows, etc., are seen moving under the direction of their regimental police early every morning, and everything is kept in order. In short," said he, "the New York, and most of the New England regiments, obey the Regulations and know how to take care of themselves." The New York regiments are, with a few individual exceptions, in good health; but some of them have severely tested their powers of endurance. For example, the Eighth Regiment, Colonel LYONS, has been nearly four weeks on duty, and has seen much hard service—marching, &c. The men have often been compelled to camp on the ground without tents, much of the time have had their food imperfectly cooked, and during the entire period, up to Sunday last, had only had fresh meat during five days. Yet we found this splendid body of men in good health on Saturday, when they went down from Baltimore, at which city their discipline and exemplary conduct made them exceedingly popular. And although, on that day, owing to some miscalculation in the commissariat department, the men at nine P.M. had partaken of no food since early morning, we heard no murmurings nor complainings. This is one of many instances we have witnessed of the soldierly qualities of our New York volunteers.

Among the evidences of increasing and specific attention to the health and comfort of the troops, as well as their effectiveness, we would call attention to the following orders which were promulgated on Friday last.

HEADQUARTERS, DEPARTMENT OF WASHINGTON,
WASHINGTON, D. C., May 17, 1861.

GENERAL ORDERS, No. 24.

With a view to carry out more effectually the third paragraph of General Orders No. 10, and to insure a thorough system of police for the preservation of the health of the troops and citizens, the commanders of regiments, independent battalions, and companies, will detail daily a Police Officer and police party under his orders for their respective commands.

The Police Officer, accompanied by the Surgeon of the station, will inspect daily the sinks, the kitchens, the mode of preparing food, etc., and correct all irregularities, and enforce a rigid system of police within the limits of their respective commands.

By Command of BRIGADIER-GENERAL MANSFIELD.
THEO. TALBOT, Assistant Adjutant General.

HEADQUARTERS, DEPARTMENT OF WASHINGTON,
WASHINGTON D.C., May 17, 1861.

GENERAL ORDERS, No. 25.

It being represented that under the fervor of the moment many patriotic persons have enrolled themselves in the volunteer regiments, independent battalions, and companies, who are physically incompetent, by reason of disease, malformation, and other infirmities, as well as by nonage, to perform the rough duties of soldiers, the commanders of all such corps will carefully, assisted by the medical officers of the same, re-inspect their men, and report for orders to discharge every individual of unsound health, or found too feeble for the service.

By Command of BRIGADIER-GENERAL MANSFIELD.
THEO. TALBOT, Assistant Adjutant General.

GENERAL SCOTT expressed his high opinion of the practical importance of the last order, as given above, in a most emphatic manner. A soldier incapable of severe duty and long marches, soon becomes a positive burden upon a

moving column of troops, and at the same time criminally perils his own life. Boys and feeble men only serve to fill up the hospitals, or line the wayside of the marching troops with graves.

SURGICAL INGENUITY.

To render efficient service in the battle-field the surgeon must possess that amount of self-reliance which will enable him to act to advantage in every emergency. When small bodies of troops are moving with rapidity as scouts, escorts, or upon duty necessarily limiting the supply of instruments and other conveniences, not unfrequently an attack may be made, and a considerable number of men wounded. With all these disadvantages, the surgeon who acts promptly and efficiently, not only contributes greatly to the comfort of those under his charge, but in many instances is instrumental in saving life which otherwise would have been sacrificed. It not unfrequently happens under such circumstances, that the carriage of "stretchers" for the wounded has been overlooked, and it becomes necessary for the medical officer to have their places supplied by some apparatus which may be constructed on the spot. We know of no contrivance which equals in simplicity and efficiency that which has been so frequently resorted to by the surgeons on the frontier. Two poles about ten feet long, and of sufficient strength (such as can readily be procured in any ordinary woods) may be placed on the ground, one along each side of a blanket. Then roll the poles towards each other, at the same time rolling up the blanket upon them, secure the blanket to the poles, when they have been wound up in it sufficiently near each other to give the litter, thus made, a proper width. The sides of the blanket having been in this way wrapped around the poles, can be fastened strongly even with common twine, by puncturing the woollen fabric at intervals of a foot, along the inner sides of the poles. Pass cords through, and tie tightly, so that the knots are on the outside of the poles.

In cases of secondary hemorrhage or of violent bleeding from a wound, when the circumstances of the case call for the ligation of a large artery at some point remote from the injury—for example, where it is thought best to tie the femoral artery at the point of selection below Poupart's ligament, rather than search for the bleeding point nearer the knee—it sometimes happens that no aneurism needle is at hand. A sufficiently good instrument for the purpose can be made by taking a common "darning needle" or "sail-maker's needle," and after heating its "eyed" end, bend it to a proper shape. By driving the pointed end into a small piece of soft wood or a corn-cob, a very good handle is made.

A surgeon, ordered in a hurry with a party of men for a duty which forbids the carrying of anything weighty or cumbersome, should select a few medicines of great power, such, for example, as brandy, morphine, and chloroform. If the duty is to be extended over several days, a few other articles put up in the form of pills and powders, are, for convenience in dispensing and carriage invaluable. Fifty opium pills of one grain each, fifty more containing in addition two grains of camphor each, are often extremely useful. Purgatives are best carried in the form of pills; quinine in powder. A small medicine case, the smaller the better, should always contain a moderate quantity of elixir vitriol, for dissolving the quinine. When thus used a little

quinine goes a great way, and is vastly more efficacious. The acid should be added to the quinine about one minute before the water for the solution.

As for instruments, it is astonishing how much can be done with a pocket case, a tourniquet, and a pocket knife. If without a pocket case, a bent needle will answer for a tenaculum, a twisted rope for a tourniquet. Still it is best to go provided. A man who can carry a watch can carry a pocket case. In troublesome hemorrhage, when the cut end of the vessel is either difficult to find or the ligature cannot be made to "stick," the bleeding will often be checked effectually by dipping a needle into the flesh near the leaking point, and transfixing rather deeply, include the parts somewhat *en masse* in the thread, then tie. An amputating knife of ordinary construction is an exceedingly useful, nay indispensable, instrument to have at hand, but is equally awkward to carry in a limited parcel; any inconvenience of this sort is effectually overcome by having the blade inclosed in the handle, and allowing it to shut up like a dirk-knife. Such an instrument could be carried in the pocket.

A few words now upon general army medical matters. The army medicine chests, and operating cases, such as are provided by Surgeon Satterlee in New York, are excellent, and it would be difficult to improve them. They should serve as a model for every regimental outfit, in regard to compactness and utility. The same remark applies also to the *pannier* medicine chests. Bottles of chloroform and ether are apt to burst in warm weather during transportation; the loss thus occasioned can, however, be easily overcome by extra supplies of these articles. Ruptures are not of infrequent occurrence among mounted men, and also in those on severe "fatigue duty." Trusses of various sizes ought to be always in the surgeon's outfit.

THE WEEK.

COMPLAINTS are now being heard from various volunteer regiments concerning the quantity and quality of food which is provided for them. The soldier does not expect luxurious fare, but he certainly has a right to claim an amount of plain and palatable food sufficient to sustain him in the arduous duties incident to camp life. We are happy to state that this deficiency of supplies is not owing to the want of proper appropriations from the various State authorities, but is doubtless caused by the commissaries, who lack the necessary administrative qualifications. It is needless to allude to the amount of danger to the health of the troops which will be the consequence of such neglect; we have already had occasion to notice the fact in connexion with the frightful prevalence of scurvy in the regular army.

GREAT satisfaction is expressed at Washington with Surgeon-General VANDERPOEL's Order for the vaccination of all volunteers in New York at the time of their enrolment. Small-pox made its appearance in several of the regiments in a somewhat threatening way more than two weeks ago. Several cases occurred while the troops were *in transitu* through New Jersey. The disease is now under proper surveillance, and the troops are being revaccinated.

INTELLIGENCE of the death of Dr. LAWSON, has been received at the Surgeon-General's office. Dr. L. died suddenly of

apoplexy, at Norfolk, where he was remaining for the benefit of his health. He was about seventy-five years of age. In a long and faithful service, he had justly earned the reputation of a successful surgeon and true soldier, and for more than twenty years he had held the position of Surgeon-General of the Army. Dr. FINLEY, Dr. SATTERLEE, and Acting Surgeon-General, Dr. R. C. WOOD, are candidates by right for the important office thus vacated by death. The former will doubtless have the preference.

At a late meeting of the Advisory Committee of the Medical and Surgical Boards of the City Hospitals, the following resolution was adopted:—

Resolved, That the Physicians and Surgeons of the New York, Bellevue, and St. Vincent's Hospitals be requested to organize classes of medical graduates and undergraduates, who have studied two years and attended one full course of lectures, for the preparation and registry of corps of Medical and Surgical Assistants in the Army.

We understand that a register has been opened at the office of Dr. Valentine Mott, No. 1 Gramercy Park, for this purpose. We take this opportunity of urging all the younger members of the profession and the advanced students, to seize upon the offer thus made to them, as one which promises very superior advantages for the acquirement of skill in minor surgery. In case of an engagement, such assistants to the recognised regimental surgeons will be much needed.

PROF. FRANK H. HAMILTON having concluded to embody the substance of his lectures on Military Surgery in his forthcoming book on that subject, we shall be unable to furnish them as we proposed. In consideration, however, of this unexpected change, the publishers will be prepared to supply the work at a reduced rate to those who subscribed for the TIMES on account of the Lectures.

Obituary.

BIOGRAPHY OF A SURGEON OF THE WAR OF 1812.

AMASA TROWBRIDGE, M.D.

Is another part of this number will be found an interesting communication on military surgery, being part of a lecture delivered by the late Dr. Trowbridge, one of the surgeons of the war of 1812, and long a prominent surgeon of Central New York. Since his death, which occurred somewhat more than a year ago, we have endeavored to obtain the materials for a biographical sketch, and finally have been successful. Within a few days we have been favored with the following very complete history, and no apology will be required from us for laying it before our readers at length:—

Dr. Trowbridge was born in Pomfret, Windham county, Connecticut, May 17th, 1779. His parents were respectable farmers, and the son labored regularly on the farm with them until he was fourteen years old—obtaining his early education at the common schools of the country, in the intervals of active labor on the farm, in the winter seasons. After that period he availed himself of the superior advantages of some respectable academies in the vicinity, where he made those attainments in the various branches of English study which fitted him for the duties of a professional life. At the age of seventeen he commenced a course of study with Dr. Avery Downer, of

Preston City, New London county, who was an able practitioner, and who had served with reputation as a surgeon in the war of the revolution. At the age of twenty, he was admitted to practice, and received a diploma from the State Medical Society; after which he returned to his native town, and spent one year with Dr. Thomas Hubbard, who was somewhat distinguished as a surgeon, as well as a successful practitioner in medicine. He then removed to Lanesboro, Berkshire county, Massachusetts, and practised in company with a Dr. Jarvis, in a large field of professional experience. He was a young man, and almost an entire stranger to the community, and of course entered upon this field under some disadvantages, inasmuch as he had to contend with able competitors, who had their circle of friends and supporters already enlisted in their sympathies. And yet, notwithstanding the odds seemed against him, he was completely successful in gaining for himself high social standing, and a good reputation in his practice.

It was while thus acquiring a good professional and social standing in Lanesboro, that he formed the attachment which resulted in an agreeable matrimonial connexion. With his wife, he removed to Trenton, in Oneida county, N. Y., where he practised two years, in company with Dr. Luther Guiteau. There was a large field of usefulness opened to him in the country about Trenton, and he had opportunities in a wider sphere for the practice of surgery than he had enjoyed before, so that he began to take rank in that branch of his profession in which he particularly desired a good degree of eminence. Opportunities were offering themselves every few days for adding to his experience in new and difficult operations in various portions of a wide range of country, stretching off towards Lewis and Oswego counties, so that when he fell in with the tide of emigration that was flowing into this Black River country, his reputation had in a measure preceded him.

It was in 1809 that he came with his family, and made his permanent residence in Watertown, where he entered at once into a large and extensive medical and surgical practice, in company with Dr. Paul Hutchinson, who was also from Oneida county, and was a physician of talent and skill in his profession.

The Doctor was a republican of the old Jeffersonian school by education, and took part in the great political questions of the day—identifying himself by word and deed, so that he became conspicuous in the ranks of his party. He was an easy, agreeable writer, and was the author of a series of political essays, which were published by one Thomas Walker, in a republican paper printed in Utica, and then copied into the principal papers of that party, west of Albany. It was a time of great political strife between the republican partisans of the general government and the federal party of this country, and when the war measures, and the embargo and non-intercourse acts of the dominant party were violently assailed and held up to ridicule as unnecessary, unwise, and impolitic, by the opposition. The object of this series of essays being to sustain the administration by argument based upon a full and faithful history of the grievances which had so multiplied in our relations with Great Britain, were read with pleasure by the friends of the administration, and served to identify the author strongly with that party.

It will be remembered that the final declaration of war occurred in June of 1812, and that the act passed both Houses of Congress on the 18th of that month. Five days afterwards, Gov. Tompkins, of this State, wrote to Gen. Brown, who was at that time a Brigadier-General in the militia, and residing in Brownville, empowering him to arm and equip the militia of Jefferson, Lewis, and St. Lawrence counties, for the defence of this northern frontier. On the 3d day of July, Gen. Brown wrote to the Governor as follows:

"As I am collecting considerable force on the river St. Lawrence, where an enemy may soon be met, I have taken

the liberty to employ a surgeon, on whom reliance can be placed. Doctor Amasa Trowbridge is the man. He is very respectable as a surgeon, and I pray your Excellency to approve of my choice and forward the tools he wants.

"Yours respectfully, &c.,

"JACOB BROWN.

"His Excellency D. D. Tompkins."

A few days afterwards, the Governor forwarded the proper documents to the Doctor, and ordered him to report himself for service to Gen. Brown, whose headquarters were at Brownville. Gen. Brown instructed him to organize and arrange suitable hospital quarters, with the necessary fixtures, at Sacket's Harbor, Cape Vincent, and Ogdensburg, all of which places were being occupied by forces under his command. This was a period of no small moment in the Doctor's life—opening up a wider scope for the practice of surgery than could be available in ordinary practice, and affording him opportunities for reaching a position at the head of his profession in a comparatively short space of time. From henceforth, until the close of the war of 1812, he was so identified with the movements of our forces on the frontier, that his history involves the history of the war itself, so far as the northern division of the American army was concerned. In truth, it would be impossible to portray this chapter in the history of so prominent a surgeon in our armies, without giving the marches and counter-marches, the battles, sieges, sorties, and skirmishes of our forces, or some part of them, and without connecting the surgeon and his aides with their simultaneous duties to the wounded and dying, with the varied fortunes of the army, to which they bore a relation at once so useful and indispensable. He had his quarters principally in Sacket's Harbor during the winter of 1812-13, and had a very busy winter in treating a large number of cases, of soldiers and citizens, who were sick with the "epidemic" which prevailed throughout the country. He was associated at this time with surgeons Buchanan and Caton, of the navy, and Professor J. Watts, M.D., of McComb's regiment of artillery, in the army.

In April of this year, 1813, the expedition against Little York (Toronto) was fitted out, and the Doctor was solicited by Gen. Pike and Commodore Chauncey to accompany it. By the advice and approbation of Gen. Brown, he accepted the invitation, and was ordered on board the brig *Oneida*, Capt. Melancthon T. Woolsey. The expedition set sail from Sacket's Harbor the 25th day of April, with 1,700 troops, commanded by Gen. Z. Pike, and they arrived at Toronto on the 27th. Two large batteaux, with riflemen from the brig, made a landing, and the boats soon returned with men who were already wounded. The Doctor had now business enough, and he remained on board the brig until the troops were all landed. Two midshipmen and about twenty seamen were killed and wounded at this landing of the troops, and brought back by the boats. The explosion of the enemy's magazine, which took place soon after, killed 38 and wounded 222 of the Americans. Among the killed was the gallant Gen. Pike. The enemy's loss in killed and wounded was 210, and they were attended principally by the American surgeons. Doctor Trowbridge attended principally to the care and treatment of the wounded citizens and soldiers of the enemy, many of whom were wounded by the explosion which was so disastrous to our forces. He was constantly engaged in these duties until the re-embarkation, which took place at the end of four days. A violent gale of three days prevented the sailing of the fleet, during which time the motions of the vessels produced great distress among the wounded, so that the experience of a single week of this active service was well calculated to give him correct notions of the horrors of war. From Little York the fleet proceeded to Fort Niagara, where the wounded were landed and provided with hospital treatment, and then the Doctor returned with the fleet to Sacket's Harbor, and resumed his duties at that place. It was not long, however, before it became evident that the scenes of mortal strife were to be shifted on to our

own shores, and that the enemy designed to make some demonstrations upon Sacket's Harbor, where most of the government stores were collected, and where we had some unfinished vessels on the stocks, together with a prize schooner, the *Gloucester*, which had been captured at Little York.

It was on the 29th of May, 1813, that Sir George Prevost, with 1,200 men, arrived with the fleet of war vessels, under the command of Sir James Yeo, at sunrise in the morning, and commenced landing his troops on Horse Island. The result of this battle is matter of history, so far as the final repulse of the enemy was concerned, and we have only to treat, in this place, of the poor wounded officers and soldiers, both regulars and militia, who came under the professional care and treatment of Dr. Trowbridge and his associates, of whom there were about sixty-eight Americans provided for in the hospital, and fifteen others disposed of at private houses in the village, and also three officers and thirty-two soldiers of the enemy, who were left behind in the precipitate retreat which they made to their ships. Doctor Trowbridge was now in a position to make himself familiar with every variety of casualty that is incidental to the life of a soldier, and to acquire that experience which active service alone affords.

On the 28th of August he received an appointment as Surgeon of the United States army, and was ordered to report to Colonel Ripley, of the Twenty-first regiment of infantry. The surgeon and surgeon's mate of this regiment had resigned a few days before, leaving two hundred on the sick list, who were distributed among the well in tents. The doctor entered with zeal upon his new and enlarged sphere of duties, and pitched the first hospital tents which were used on this frontier—removing the sick to them, where, under the sanitary arrangements which were made for their comfort, they were, in due time, fitted to take their places again in the ranks.

When General Wilkinson's unfortunate expedition was fitted out, down the St. Lawrence, having as an end to be attained the capture of Montreal, the doctor attended it in his capacity as surgeon of Ripley's regiment, and continued with it until its arrival at French Mills. This regiment was selected and posted as the rear guard of the army the night before the battle of "Chrysler's Fields," and of course shared largely in the fighting and suffering which resulted. The enemy kept possession of the field, and some forty of our wounded fell into their hands, who had been collected together in a little ravine on the field of battle, after the retreat of our forces. There were five hundred and thirty-seven of the wounded who had been conveyed on board the boats, who were landed at the Sault on the American side, where they were made as comfortable as circumstances would allow, in barns, log cabins, &c., under the care of the surgeons. The next day, the army with the sick and wounded, passed the Sault and arrived at Cornwall. The weather was very cold, with snow and sleet, which made the situation of the invalids one of great suffering, in spite of the exertions of the medical staff. From this place the army proceeded directly to French Mills, then surrounded by a wilderness country, where the sick and wounded were destitute of every covering, excepting cloth tents, in a latitude of 45°, and without suitable provision or medicine. Under these untoward circumstances, the sickness and mortality which were witnessed in that little army was appalling, and taxed the sympathies and skill of the gentlemen who had care of the hospital department to the utmost. The doctor remained at the Mills with the army, constantly engaged in efforts to ameliorate the condition of the poor soldiers, until the 20th January, when he was ordered to Sacket's Harbor to prepare quarters for two hundred sick and wounded from that unfortunate little army.

On the 15th of March, part of the army under General Brown, left French Mills in sleighs, and were rendered more comfortable in quarters which were temporarily provided for them, in this village, and at the garrison in

Sackett's Harbor. Hospitals were prepared at both places, and one hundred and ninety cared for by the army surgeons. Thus passed the gloomy winter of 1813-14. The expedition down the river was every way unfortunate. It accomplished nothing for the country, and was only fruitful in suffering, and in wasting and in frittering away the energies of men, who, as the history of the succeeding campaign, under new and totally different auspices, will abundantly show, were capable of confronting the veteran soldiers of Wellington. Before the time for active operations in the campaign of 1814, General Brown had been raised to the rank of Major-General, and was assigned to the command of this division of the army, while Generals Scott, Ripley, and Porter had been promoted each to a Brigade, from their subordinate positions at the head of their several regiments.

On the 9th day of April, this division of the army was ordered to march to Buffalo—the doctor accompanying it—where they arrived in due time, and where there was instituted such a course of severe drill, lasting from four to eight hours per day, and where was witnessed such a vast accumulation of military and hospital stores, and such a concentration of military men, as satisfied every man in the army that severe active service was expected somewhere on the lines. But while thus occupied, the small-pox broke out in the army, and an intermittent fever attacked many of the men, which made the duties of the hospital service onerous and fatiguing. By general orders, these cases were specially assigned to Dr. Trowbridge and his mates Everett and Allen. They were treated successfully, and the small-pox was prevented from spreading, and the whole soon restored to health, so as to participate in the sanguinary campaign which was about being initiated.

The times were rife with expectation, and the staff of the army had seen enough of the tried courage and skill and spirit of the man who was at the head of this division of the army, and enough of the fighting capacity of the Generals of brigade, to believe that whatever might be the eventual issue of the campaign, there would be fighting and suffering enough to satisfy every son of Mars or disciple of Esculapius.

[To be continued.]

Progress of Medical Science.

Indian Hemp.—The *Archives of Medicine* No. vii. contains an article from the pen of Dr. J. Russell Reynolds of London, "On some of the Therapeutical Uses of Indian Hemp," in which the author claims for the drug a good share of confidence, when a proper case is selected, a pure drug employed, and a proper dose exhibited; and that the uncertainty of its action is due to the failure of one of these three conditions. He says, "Hemp is a soporific, anodyne, and anti-spasmodic; it relieves pain, and spasm, and conduces to sleep; in doing either of these it usually promotes diaphoresis and diuresis; whereas it does not leave behind it headache or vertigo; nor does it affect the appetite nor confine the bowels."

Its beneficial effects are illustrated, 1. In cases of mental or emotional disturbance.—A remarkably intelligent boy, *set. 8*, complained for four or five months, of frequent headaches, troublesome dreams, uneasy sleep with sighing respiration, &c. The sixth of a grain, taken every evening, soon restored perfect tranquillity. A merchant, who had suffered from yellow fever, became "excessively depressed in spirits, haunted with the gloomiest apprehensions and suicidal thoughts," nights restless. *Extr. cannab. Ind. gr. ss., o. n.*, soon insured him good nights and days. A gentleman, *set. 78*, mental powers failing, had been threatened with paralysis, and became extremely restless at night. A dose of *gr. ½ to gr. ¾* would induce sleep within ten minutes. This was continued for many months with the same success, it never being necessary to increase the

dose. 2. For the relief of certain kinds of pain:—A young gentleman, who had suffered for several years from intense pain in the jaws, face, and head, was relieved by *gr. ¼ can. Ind., forma pil., o. n. Tr. ferri sesquichlor. 3 ss., t. d.* An intelligent boy, *set. 7*, was first noticed to clench his left hand involuntarily, afterwards suffering from violent headaches, located in the forehead, occurring once a week, followed by partial paralysis of the left side. Was relieved by *can. Ind. gr. ¼, bis die, with potass. iod. gr. iv., and dec. cinch. 5 j.* A gentleman, *set. 59*, suffered for twenty years from pain in right scapula, and corresponding portion of the spine; afterwards numbness and tingling down the arm similar to that produced by pressing on the nerve at the elbow. *Extr. can. Ind. gr. ¼, t. d., forma pilulæ; sin. camph. c. opio, pro usu; syr. ferri iodidi, ℥xxx., t. d.* "Within a fortnight the pain was completely removed; the tingling sensation, however, persisted." A clergyman, *set. 70*, complained of pain in left side of neck and back, extending to the head, followed by difficulty in articulation. Tongue deviated to the left, head drawn towards left shoulder, *arcus senilis* marked, spirits depressed. The pain was relieved by *can. Ind. gr. ¼ ter die*. A young lady of highly nervous temperament was relieved of severe attacks of hemicrania, by *gr. ½ doses given thrice daily*. 3. In certain forms of convulsions:—An officer in a cavalry regiment, *set. 28*, had suffered from slight epileptic attacks, gradually increasing in severity, until they at length became frequent and tetaniform. Though not entirely cured, the severity of the fits was greatly relieved by *gr. ½ doses every three hours*. A gentleman, *set. 45*, of good general health, but subject to frequent excitement, was suddenly seized with a violent convulsion followed by heavy and stertorous sleep, and after by maniacal excitement for fifteen minutes, which passed into another fit, passing through a similar series of symptoms about once an hour. After failure of the ordinary methods of treatment, *gr. i. of can. Ind.* was given, and rejected by the stomach. Another dose given and retained, which afforded complete relief. By the same treatment, a case of obstinate vomiting, in a young lady, was entirely cured, and an epileptic youth was greatly relieved. On the other hand, it was absolutely useless in most cases of epilepsy, hypochondria, and the various hysterical affections. To give a bird's eye view of the whole subject, the remedy was for the relief of emotional disturbances.

SUCCESSFUL IN

1. Deranged cerebral circulation, with pain and delirium.
2. Incipient insanity after yellow fever.
3. Senile ramollissement.

UNSUCCESSFUL IN

1. Hypochondriasis.
2. Temporary, recurrent religious melancholy.
3. Insomnia with diabetes.

Painful Affections.

1. Nervous irritation from carious teeth.
2. Probable tumor of brain.
3. Probable thickening of spinal meninges.
4. Hemorrhage at roots of 8th and 9th nerves.
5. Syphilitic meningitis.
6. Hemicrania.

Affections of Motility.

1. Meningitis.
2. Intense cerebral congestion.
3. Obstinate nervous vomiting.
4. Recurrent convulsions.

1. Epilepsy.

It does not, like opium, purchase present relief at the expense of future misery. The value of the medicine seems enhanced, because the limitation of its action will enable us to apply it with scientific selection.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 17, 1861.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION ON MORBUS COXARIUS.

(Continued from page 311.)

DR. J. R. WOOD remarked, that morbus coxarius in his opinion was a constitutional disease occurring in strumous subjects, the same in character as Pott's disease of the spine, or the "white swelling" and "fungus articuli" of Sir Benj. Brodie. The first stage was inflammatory in its character; the second was attended with the effusion of serum, and afterwards of pus, in the joint; and in the third stage, the capsule was ulcerated, allowing the matter to be diffused in the neighborhood of the joint.

The rule was, that it first attacked the synovial membrane, from which it extended to the cartilage of incrustation, and then to the bone. This was its general course, but occasionally it would commence outside of the joint in the form of a cold abscess extending inwards by means of ulcerative absorption.

He then exhibited several specimens of the disease. The first was a specimen showing that the inflammatory trouble was not confined to the joint, but that the upper portion of the bone was very much hypertrophied, and eburnaceous to a point somewhat below the trochanter major. In that instance he excised the portion of bone, embracing the head, the cervix, the trochanters and upper extremity of the femur; the patient entirely recovered. Another specimen showed an instance in which the head of the bone was the only part diseased. In that connexion he referred to the fact, that the head of the femur was a part of the joint which was usually first attacked by this strumous form of inflammation and ulceration. He considered that the limitation of the disease was perhaps the secret of the favorable issue of the case.

Now, in the majority of cases, the disease will be found to involve only the upper portion of the head of the femur, and the upper portion of the cavity of the acetabulum, the result mainly of the attrition and pressure in locomotion.

Four other specimens were exhibited, two in which the head of the femur was very much flattened, and two where nothing remained of the cervix, the head being fused to the acetabulum. He next exhibited two specimens in which the disease had perforated the acetabulum; in one of these cases, which he saw with Dr. Tully, the abscess emptied itself into the rectum. He did not think that an operation was warranted in these cases.

In relation to dislocation in this disease as the result of ulcerative absorption, he stated that it was of very rare occurrence; that Dr. March, of Albany, had visited fifteen museums and failed to find more than three or four bona fide cases of that accident. I happen, said Dr. W., to be fortunate in having two cases. Here is one in which the upper portion of the acetabulum, the border or rim, has been absorbed. The upper portion of the femur, from attrition, has been destroyed to a certain extent, the capsular ligament is disintegrated, and the head of the bone thrown upon the dorsum of the ilium; and here, by attrition, it commenced to form a new acetabulum. This was the case of the young gentleman where the ulceration extended into the acetabulum, and where the abscess emptied into the rectum. I have also another specimen from my museum, where there is a dislocation of the femur into the ischiatic notch. The posterior border of the acetabulum has been absorbed, and the head of the bone is very much diseased. The limb in this case was extremely abducted. Here is a button-hole through the capsular ligament at its posterior aspect, and the head of the bone is thus let into the ischiatic notch. It pressed upon the great sciatic nerve,

and the suffering it occasioned was beyond all description. Dr. Parker saw this case with me, and the patient suffered more than any other one I ever saw before. Here is another specimen, the symptoms of which very much resembled those of morbus coxarius; a case where there is a deficiency of earthy matter entering into the composition of the bone, where the weight of the body flattens it down, when you get the local appearances without the constitutional symptoms. You see here that peculiar mushroom appearance quite marked—the head of the bone being flattened.

DR. RAPHAEL.—There is a marked difference in the different forms of morbus coxarius. Dr. Wood has stated that morbus coxarius always occurs in persons of a strumous diathesis. Now, I do not think that such is the case; in fact, I am very sure it is not, notwithstanding it is true that you have this disease springing up in children of this particular diathesis, the same as we have inflammation attacking any other structure. You may also have it in a less aggravated degree in those who are perfectly healthy, or apparently so. Now, I think a proper distinction should be made between these two forms, and that the treatment should be modified accordingly. In one case, where it occurs in a strumous subject, we must, in addition to any local treatment, whether we adopt the plan discussed at the last meeting or not, have recourse to constitutional treatment. When we have an apparently healthy subject attacked, then there is no need for such general treatment. I, myself, have been a subject of what is termed morbus coxarius. When I was thirteen or fourteen years of age, I had this disease, and it went on to an extent that might possibly be called the third stage, although the effusion which occurs in very many cases in the second stage was wanting in mine. I do not consider it a necessity to make three several stages in this disease. I do not think that I have been subject to struma; if so, I have entirely recovered from it, not having had an attack of sickness longer than six weeks in twenty-five years.

In your treatment you must be guided altogether by the constitutional derangement, no matter whether it occurs in persons of this diathesis, or in persons otherwise healthy. We may have the disease commencing in the synovial membrane or in the joint. Now, I know that Mr. Brodie speaks of this disease as strumous in its character, and as commencing in the synovial membrane, and I believe, as occurring also in the bone. Others speak of it as occurring in the ligaments, and some others erroneously speak of it as commencing in the cartilage. Now, as every surgeon knows, it is an exceedingly difficult matter to diagnosticate this disease in the first stage, and much more difficult is it to distinguish between inflammation of the bone and synovial membrane. I know that there are certain rules laid down in the text-books by which we can arrive at a diagnosis, and I am free to admit that possibly, in the majority of cases, we may find that the pain and other symptoms will enable us to arrive at a conclusion as to the commencement of the disease. I do not believe that the disease ever does commence in the ligament, but that it is merely an extension of the inflammation from the synovial membrane. Now, so far as stages are concerned, the disease does not invariably take a certain course. We may have it go on for some time without the patient complaining of the slightest pain or uneasiness of the hip whatever. The only symptom may be a little limping in the gait, or some uneasiness of the affected part at night. Again, this disease may go on for months without passing through what has been denominated the second stage. It may go on to what has been termed the third stage. You have then some displacement—whether it be from absorption of the head of the bone or not, it is a dislocation. True dislocation, however, I am aware is an exceedingly rare form. In regard to my own case, I do not doubt from the shortening that has taken place (about three-quarters of an inch), that there has been some change either in the head of the bone or the acetabulum, the upper rim of which has probably been

eroded. I was treated by the old plan of extension and counter-extension, and I have never met with as perfect a result in any other case. Every motion of my limb can be made without difficulty, except when I attempt, when seated, to bend my knee downward. I did not intend to have spoken as long as I have done; my object was to state that in this disease, which, to my mind, has never been fully investigated, struma is not always a necessary concomitant—that you may have it going on to complete destruction of the head of the bone, even so far as Dr. Wood has shown, without any constitutional trouble other than that set up by the local disease. When, however, the disease does occur in a strumous diathesis, it is much more difficult to treat successfully.

Dr. WOOD.—I am not aware that any surgeon, either living or dead, has described any pathological changes of the hip-joint under the name of ulcerative absorption, fungus articulari, or morbus coxarius, that was not strumous in its character. I do recognise, and so does every intelligent surgeon, that there is such a thing as arthritic inflammation, attacking the hip-joint, and, in fact, all the joints. And here is where the intelligent surgeon is called upon to draw a line of distinction between the two forms of disease. You may have an acute articular inflammation of the joint, but it is very different from the true morbus coxarius, which is essentially strumous in its character.

Dr. RAPHAEL.—Dr. Wood states that there is a great difference between healthy and strumous inflammation. I admit the difference; but I would like to know from Dr. W. if, when he finds a case of hip disease, presenting all the symptoms of morbus coxarius, occurring in a child apparently healthy, with no glandular enlargements or ulceration, he can point to any characteristic sign by which he could say that the patient was scrofulous. I know this word struma means a great deal, and it means nothing.

Dr. BAUER being invited to give his views on the subject, stated that he had listened with a great deal of interest to the statements of Dr. Wood, and while he maintained that the gentleman's opinions were entitled to the greatest respect, he at the same time thought it rather dangerous to the proper understanding of the subject to take one man as an authority and question no further. Facts should be relied upon more than individuals. In reference to the constitutional character of the disease, he declared that he had seen more healthy children afflicted with morbus coxarius than he had those who were already suffering from scrofulous diseases. It was not only so with reference to the hip-joint, but to the knee and other articulations. He thought the term scrofula was a very convenient one to apply to such cases where there was a difficulty in making out the true cause of the trouble. Tinea capitis was considered a scrofulous disease until such time as a parasite was discovered to occasion it. In spissated and curdy pus had very often been taken as evidence of tuberculosis, while the microscope revealed only pus corpuscles and fat granules. It had been the misfortune of Dr. B. never to meet with tubercular matter in bones, and certainly not in the head of the femur. He had exsected the latter nine times, and had besides carefully examined a large number of specimens pertaining to hip disease, yet all that had been found was a partial or general infiltration, and more or less softening of the cancellated structure, which, under the microscope, revealed nothing further than the products of inflammation and disintegration. Virchow is moreover of the opinion that the so-called tubercular matter is a mere phase in the breaking up of inflammatory material, and the reliability of his researches is as great as that of any pathologist living. *The existence of the so-called tubercular cell is totally denied by that author.* Dr. Bauer had but lately observed a circumscribed, softened spot within the external condyle of the left femur, to all appearance grey tubercular material, whilst it was found to be fat and disintegrated osseous structure. He maintained that no surgeon should make use of constitutional treatment unless there were symptoms of constitutional trouble pre-

sent. The loose definition often given to scrofula would be apt to convince the credulous that the whole human race was tainted. In his experience, the local treatment of morbus coxarius was attended by far the best results compared with the constitutional treatment, especially when the splint of Dr. Davis, and the improvement by Dr. Sayre, was brought into requisition. At the previous meeting of the Academy, some gentlemen had ascribed the modus operandi of Davis and Sayre's splint to the diminution of the pressure of the inflamed surfaces upon each other. This view Dr. Bauer considered highly erroneous. The experiments of Prof. Weber had clearly demonstrated that the hip-joint maintained its integrity by atmospheric pressure, and that great weight or power might be brought to bear upon it without effect. Luxations were caused indirectly by the sliding of one surface upon the other, like two pieces of glass moistened by water. It was not possible for the two articular surfaces to be directly separated by an extension so insignificant as that exercised by these hip splints. This opinion at once directed the attention upon another point, to wit, the reflex action caused and perpetuated by affections of joints in general, but more especially of those of the hip-joint. It alone could satisfactorily account for the permanent and usual deformity in the third stage, the waste of the extremity, the peripheral pain at the knee, the painful paroxysms at night, muscular tremor and contractions, and convulsions. The convulsions were rare in joint diseases, still they did occur, a case appertaining to which he had published *in extenso* in his lectures on contractions of the knee-joint. As yet too little attention had been paid to this subject. That the pertinacity of joint diseases in a great measure depended on reflex action, could be proved by a great number of cases successfully treated, wherein the relief of the reflex symptoms clearly indicated the source of success. Dr. Bauer having in various papers called the attention of the profession to this important point, he did not deem it advisable to reiterate his views on that occasion.

Dr. WOOD remarked that every unhealthy inflammation indicated something wrong in the constitution, and that morbus coxarius was attended with an inflammation that was essentially unhealthy in character, as was proven by the illaudable pus, and the presence of tuberculous matter in the substance of the bones. The gentlemen, said he, cure this disease without medicine. I grant it, and with the apparatus of Davis and Sayre, I will cure the majority of my cases without medicine, except that which God gives to each of us—light, air, exercise, and good diet! You may take all your medicine and throw it to the dogs, but does this prove that morbus coxarius is not a strumous disease? What is the cause of strumous disease? You go into the factories and the workshops abroad, and you will find that they are in want of good air, good food, and exercise. Now in morbus coxarius, the disease is spent upon the head of the bone; while the patient is exercising, and while irritation is the result of that exercise, the disease will progress from bad to worse. I do not care what you call it, I shall call it scrofulous and strumous disease until I am furnished with better terms. As long as that expresses the pathological condition that exists in the joint, the term is good enough for me.

Dr. SAYRE stated that all the hip-joints which he had exsected were carefully examined by some of the best microscopists in the city, and no tubercular deposit was discovered in any case. Besides this, he had seen several post-mortem examinations of the bodies of patients who had died of morbus coxarius, and in no instance, notwithstanding a careful examination had been made, were any of the organs in the body found to be the deposit of tubercle. He did not, however, deny the possibility of the existence of tubercle in other portions of the body when morbus coxarius existed, any more than when the patient at the same time suffered from a broken leg. He had often seen the broken-down material referred to by Dr. Wood converted into laudable pus by a free incision into the joint.

This fact he considered a strong argument against the disease being strumous in character. He was not disposed to believe that strumous disease could so entirely limit itself, as that evidences of its existence could be found in no other part of the body than the hip. Scrofula was a blood disease, a constitutional difficulty, and must of necessity affect more than one part of the body at the time. The disease, morbus coxarius, he was inclined to think, was first a local trouble; and by the retention of pus and the want of proper treatment, reacted upon the system in such a manner as to produce the most formidable constitutional symptoms. He had proved more than once the efficacy of relieving the local symptoms, and allowing the constitution to take care of itself by the use of plenty of fresh air, good diet, etc.

The hour being far advanced, Dr. Watson moved an adjournment, with the understanding that the subject of discussion should be continued at the next meeting.

Correspondence.

A NEW BULLET-EXTRACTOR.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Having been for some time past manufacturing an instrument for the extraction of bullets, we have thought

that the present opportunity would be a good one to introduce its merits to the profession. The first great advantage which, in our opinion, it possesses is its simplicity. The form and construction of the instrument can easily be seen by a reference to the annexed wood-cut. The shanks, crossing each other, take up but very little room when the instrument is opened, and hence it can easily be manipulated when introduced through the wound, without causing any unnecessary pain. Again, the points are well tempered and curved inwards in such a way as that when they are brought together by the closure of the instrument a smooth blunt surface is presented, as innocent of harm as the ordinary probe point. After the instrument is introduced, by opening it, the curved points have another advantage in pushing aside from the bullet any blood-vessel or nerve which may present itself, insuring it against all injury from the points themselves. When once these points are fastened into any part of the ball they will not yield to the strongest resistance. Should the ball have taken a circuitous course and passed behind

a bone, or imbedded itself in either case but a small portion of its surface is presented,



the points of the instrument can apply themselves and form a regular axis round which the bullet can turn itself out of its bed. The instrument is adapted to the extraction of large as well as small bullets, and is also of material service in the removal of portions of necrosed bone. It is to be hoped that these advantages may be sufficient to recommend the extractor to the profession at large, but more especially to that portion of it who are about to engage in active military service.

Yours, etc.,

GEO. TIEMANN & Co.

68 Chatham street, May 9, 1861.

Medical News.

MARRIAGES.

CLEBORNE—PARKER.—On Wednesday, May 8, by the Rev. Wm. Suddard, D.D. Christopher James Cleborne, M.D., Assistant-Surgeon United States Navy, to Jane Elizabeth Emma, eldest daughter of Jno. B. Parker, Esq., of N. Y.

ARMY AND NAVAL INTELLIGENCE.

MAINE.—*Second Regiment*, Maine Volunteers—Surgeon W. H. Allen; A. C. Hamblin, Assistant-Surgeon.

NEW YORK.—*Second Regiment*, Troy—Surgeon, Dr. R. B. Bontecon; Surgeon's Mate, Dr. Le Roy McLean. *Third Regiment*, Albany—Surgeon, Dr. Alexander H. Hogg; Surgeon's Mate, J. J. Van Rensselaer.

BROOKLYN.—*Steam Frigate Wabash*—Surgeon, Samuel Jackson; Assistant-Surgeon, James J. Mayee. *Steamer Mount Vernon*—Assistant-Surgeon, M. H. Henry.

KENTUCKY.—Dr. A. Callaway has been appointed by the President Surgeon of the Marine Hospital at Paducah.

THIRTY physicians and surgeons are required for immediate service in the regular army of our Government. The call is urgent and the service patriotic, yet there is reason to fear that the strong temptation which is offered for enrolment in the medical service of the Volunteer troops may prevent a sufficiently prompt response to the present call from the Surgeon-General at Washington. Patriotic young physicians, who would serve their country most effectually at this momentous crisis, should see to it that there be no lack of service in the Medical Department of the regular army. The more creditable basis and standing upon which surgeons of the regular staff are received, is a sufficient reason for preferring that to the volunteer regimental service. The "Army Medical Board" will continue in daily session at the Metropolitan Hotel until the full complement of thirty shall be filled. Why should not some of the accomplished medical gentlemen who joined volunteer regiments in the capacity of assistant-surgeons, embrace the present opportunity to reap the honors of the regular service? The following official notice furnishes the proper directions to candidates:

SURGEON-GENERAL'S OFFICE, MAY 16, 1861.

In consequence of the increase of the regular army, an "Army Medical Board" has been convened, and is now in session in New York city, for the examination of candidates for admission into the Medical Staff of the army.

Applicants must not be less than twenty-one or over thirty years of age.

Applications must be made to the Secretary of War, or through the Surgeon-General of the Army, stating the residence, place, and date of birth, accompanied by respectable testimonials of moral character.

At the last meeting of the New York Academy of Medicine, held May 15th, the Secretary, Dr. T. G. Thomas, was prevented from reading the minutes, in consequence of a disturbance arising from a charge made against him of entertaining traitorous sentiments towards the Federal Government.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 13th day of May to the 20th day of May, 1861.
Abstract of the Official Report.

Deaths.—Men, 108; women, 71; boys, 94; girls, 108—total, 381. Adults, 179; children, 202; males, 202; females, 179; colored, 8. Infants under two years of age, 119. Children reported of native parents, 22; foreign, 154.

Among the causes of death we notice:—croup, 10; diphtheria, 4; scarlet fever, 22; typhus and typhoid fevers, 8; consumption, 66; small-pox, 11; dropsy of head, 14; infantile-morasmus, 14; puerperal fever, 5; inflammation of brain, 18; of lungs, 17; bronchitis, 4; congestion of brain, 7; of lungs, 7; erysipelas, 4; whooping cough, 1; measles, 15. 193 deaths occurred from acute disease, and 21 from violent causes. 238 were native, and 148 foreign; of whom 94 came from Ireland; 9 died in the Immigrant Institution, and 69 in the City Charities; of whom 14 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

April and May 1861.	Barometer.		Temperature.			Difference of dry and wet bulb, Thrm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°		0 to 10	
12th	29.75	.10	65	58	72	5	8	S. E.	3	1
13th	29.75	.10	60	57	65	2	5	S. E.	9.5	
14th	29.65	.10	65	57	73	5	9	W.	4	
15th	29.80	.15	67	58	73	10	15	N. W.	0	
16th	29.75	.10	65	54	70	11	18	W.	1	
17th	29.85	.15	51	46	60	15	20	W.	0	
18th	30.05	.20	50	44	60	15	21	W.	1	

REMARKS.—12th, Cloudy P.M.; 13th, Storm, thunder, and lightning at night; 14th, Rain early A.M.; 17th and 18th, Heavy wind all day.

MEDICAL DIARY OF THE WEEK.

Monday, May 27.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Tuesday, May 28.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. ISLAND HOSPITAL, Dr. Sayre, 1 P.M.
Wednesday, May 29.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M.
Thursday, May 30.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
Friday, May 31.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M.
Saturday, June 1.	{ BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. EMIGRANT HOSP., WARREN'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. BROOKLYN CITY HOSPITAL, Dr. Hutchison, 12 M.

SPECIAL NOTICES.

NURSES FOR THE ARMY.—A *Systematic Course of Practical Instruction in Nursing and Hospital Hygiene* has been commenced in the several Hospitals of the city and at the Philosophical Rooms of the COOPER INSTITUTE, under the direction of a Central Committee of Physicians and Ladies.

The Ladies' Committee for Examining Volunteer Nurses, meet at their Rooms daily from 2 to 4 P.M. Applicants who have been approved by that Committee and by the Sub-Committee of the Hospital Boards, Drs. ISAAC WOOD, E. DELAFIELD, and E. HARRIS, will be permitted to enjoy practical instruction in the Hospitals.

Approved candidates for this course of instruction will be received.

This course of practical training is open and free to approved candidates from all parts of the country. Applicants must be over thirty years of age, and possess great intelligence and power of endurance.

Surgeon General's Office, May 16,

1861.—In consequence of the increase of the regular army an "Army Medical Board" has been convened, and is now in session in New York city, for the examination of candidates for admission into the Medical Staff of the Army.

Applicants must not be less than twenty-one or over thirty years of age. Applications must be made to the Secretary of War, or through the Surgeon-General of the Army, stating the residence, place, and date of birth, accompanied by respectable testimonials of moral character.

MEDICAL DIRECTOR'S OFFICE, NEW YORK STATE VOLUNTEER FORCES, New York, Elm and White streets.

Surgeons of Regiments of the New

YORK STATE VOLUNTEERS are hereby informed that ample provision has been made by the State for the care of sick volunteers in the New York Hospital. None but enrolled and accepted volunteers, however, are eligible. Admission will be granted upon the order of the Regimental Surgeon subject to the approval of the Medical Director.

C. R. AGNEW, Medical Director.

Vaccination of Troops.—The sub-

scriber is prepared to supply any required amount of "quill points," charged with vaccine lymph, at an hour's notice. Every "quill" shall be charged by himself and its perfect efficiency absolutely and unreservedly warranted. 12 "quills" for one dollar. When lymph is required for the vaccination of many patients, a liberal discount will be made. For references and further information, see pamphlet, which will be sent by mail, postage paid, on application to

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ROXBURY, Mass.

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The Genetic Cycle in Organic Nature;

or, The Succession of Forms in the Propagation of Plants and Animals, by George Ogilvie, M.D. 8vo. London, 1861. \$1.55.

BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

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Suggestions concerning the Construc-

tion of Asylums for the Insane, illustrated by a Series of Plans, by W. D. Fairless, M.D. 8vo. London, 1861. 50 cents.

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The Successful Treatment of Influenza, Sore Throat, Bronchitis, Asthma, Pneumonia, &c., by H. God-

day, M.D. 12mo. London, 1861. 80 cents.

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On the Theory of the Ophthalmoscope, by George Rainy, M.D. 8vo. London, 1860. 80 cents.

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Ten Lectures Introductory to the

Study of Fever, by A. Anderson, M.D. Post 8vo. London, 1861. \$1.55.

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A Course of Six Lectures on the

Chemical History of a Candle; to which is added a Lecture on Platinum, by M. Faraday, D.C.L., F.R.S. 12mo. London, 1861. \$1.10.

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Sore Throat: its Nature, Varieties,

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the Skin in Children: from the French of Caillault. With Notes by E. H. Blake, M.D. 8vo. London, 1861. Price \$2.60.

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CALCULI: Their Microscopical and Chemical Examination, including the Chemical and Microscopical Apparatus required, and Tables for the Practical Examination of the Urine in Health and Disease; by Lionel S. Beale, M.D. Illustrated with numerous original Wood Engravings. Post 8vo. London, 1861. Price \$2.60.

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